

DAY CARE APPLICATION
PRE-SCHOOL APPLICATION
TRANSFER APPLICATION
CLUB APPLICATION

Received by
Date
Stored by
Date
20

□I/we give my/our consent to receiving decisions regarding municipal and private day care services and the payments charged for these services in electronic format. The notice of the decision will be sent to the active e-mail address and/or mobile phone number reported and maintained by me via the e-services site. I will be able to view the actual decision by accessing the e-services site using my online banking user credentials or mobile certificate.

NEED FOR CARE	From				
CHILD'S PERSONAL DATA	Family name and first names (underline given name)			Citizenship	
	Date of birth Domicile as defined in Population Register Act			Mother tongue	
	Municipality where actually	Attending school ☐Yes ☐ No			
	Street address, post code and city				
INFORMATION ON GUARDIANS AND FAMILY RELATIONS	Guardian's name		Name of other guardian, guardian's married or common law spouse living in same household		
	Date of birth		Date of birth		
	Current occupation or position		Current occupation or position		
	Current workplace/place of study		Current workplace/place of study		
	Address of current workplace/place of study		Address of current workplace/place of study		
	Working/study hours from to		Working/study hours from to		
	Tel. home Tel. work		Tel. home		Tel. work
	E-mail address		E-mail address		
	Family status ☐ Unmarried ☐ Divorced ☐ Married ☐ Separated ☐ Common law marriage ☐ Widow/Widower ☐ Other guardian☐ Registered partnership		☐ Joint custody, Name, ID No. , address, tel.		
PREFERRED FORM OF DAY CARE/ PRE-SCHOOL EDUCATION/ CLUB ACTIVITY	☐ Day-care centre ☐ Pre-school ☐ Family day-care at caregiver's home ☐ Family day-care at child's home ☐ Group family day care				
	Day-care centre's name		Name of school providing pre-school education		
	Family day carer/district		Name of group family day-care unit		
	Need for care Mon-Fri				
	☐ Children's club ☐ Family club ☐ Morning club or ☐ After-school club No. of club days/week				

DAY CARE	Names of alternative day-care centres and family day-care districts in the preferred order:				
FAMILY MEMBERS	Names and ID Nos. of other children under 18 living in the same address:				
FOR OFFICIAL USE					
DAY-CARE STATUS Municipal/ private	Children currently in municipal or private day care: name and place of day-care				
OTHER INFORMATION (TO BE PROVIDED BY APPLICANT)	Date of expiry of parental allowance Date of expiry of home care allowance Home care allowance is discontinued when the child is placed in a municipal day care centre/family day care. Child's transportation to day care On foot Public transport Private car				
	Information on the child's long-term illnesses, if any (e psychologist, family advice centre, etc., regarding nee				
	Are there pets in the family? ☐ No ☐ Yes, specify:				
COLLECTING THE CHILD FROM DAY CARE	I hereby authorise the following persons of age to collect my child from day care: Name Tel				
	NameTel				
FILING THE APPLICATION	Return this application form to a day-care centre or day care director in your municipality. If the application concerns a transfer, return the form to the manager of the existing day-care place.				
DAY CARE FEE/ INCOME INFORMATION	In addition to this application, you need to complete the income report for the purpose of determining the day-care fee you have to pay. The income report form is available on the city website, in the day-care place or from the day-care director. Complete and sign the income report form and return it to the address given for this purpose when day care starts.				
CUSTOMER'S RIGHTS	The customer is entitled to know why information is requested from him/her; for what purpose the information is to be used; to what parties it is regularly disclosed; and who is the register keeper in whose personal file the information is stored (<i>Act on the position and rights of social services clients</i>). The customer is entitled to check his/her details stored in the customer register file (<i>Personal Data Act</i>).				
CHANGES	Report any essential changes in your circumstances (e.g. changes in your family situation, need for care, workplace and/or change of address) immediately to the day-care place.				
SIGNATURE	I DECLARE THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE. I GIVE MY CONSENT TO THE VERIFICATION AND DISCLOSURE OF THE INFORMATION GIVEN BY ME FOR THE PURPOSE OF ORGANISING A PLACE IN DAY CARE.				