

Application received ____ / ____ . 20 ____ Received by (please print) _____

Current place in early childhood education and care (day care place)	Current place in early childhood education and care <input type="checkbox"/> cared for by parent/guardian <input type="checkbox"/> private career <input type="checkbox"/> municipal day care, where	
Child's personal information	Given name and family name	Personal identity code
	Home address	postal code and city
	First language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> other, which	Telephone number
	<input type="checkbox"/> Child in foster care, municipality responsible for the placement of the child	
Guardian's/parent's personal information * A spouse/partner living in another city due to e.g. school or work, is also considered to live in the same household	Guardian/parent	Second guardian/parent living in the same household or guardian's spouse/partner *
	Given name and family name	Given name and family name
	Personal identity code	Personal identity code
	Telephone number (mobile, residential, business)	Telephone number (mobile, residential, business)
	E-mail	E-mail
	Marital status <input type="checkbox"/> married <input type="checkbox"/> cohabitation <input type="checkbox"/> single <input type="checkbox"/> separated <input type="checkbox"/> widow <input type="checkbox"/> registered partnership	
	Custody, if the child's guardians/parents do not live in the same household <input type="checkbox"/> joint custody, name and home address <input type="checkbox"/> single parent <input type="checkbox"/> other guardian	
Need for early childhood education and care (day care)	Need for early childhood education and care. Please choose care time.	
	<input type="checkbox"/> max 86 h/month	<input type="checkbox"/> free pre-primary education (4 h/day) + early childhood education and care max 86 h/month
	<input type="checkbox"/> max 150 h/month	<input type="checkbox"/> free pre-primary education (4 h/day) + early childhood education and care max 150 h/month
	<input type="checkbox"/> over 150 h/month	
Daily care time	Care days <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> evenings <input type="checkbox"/> nighttime	
<div style="border: 1px solid black; padding: 5px;">Need for early childhood education and care starts (dd.mm.yyyy)</div>		
In case of a sudden need for early childhood education and care i.e. <u>earlier than 4 months from now</u> , please, give the reasons for your sudden need.		

TURN

Forms of early childhood education and care	Primary form of early childhood education and care <input type="checkbox"/> day-care center <input type="checkbox"/> group family day care (only in Kälviä, Lohtaja, Ullava) <input type="checkbox"/> family day care <input type="checkbox"/> pre-primary education + early childhood education and care (day care)	Secondary form of early childhood education and care <input type="checkbox"/> day-care center <input type="checkbox"/> group family day care (only in Kälviä, Lohtaja, Ullava) <input type="checkbox"/> family day care <input type="checkbox"/> pre-primary education + early childhood education and care (day care)
	Preferred place in early childhood education and care (day care place) / area of family day care / place providing group family day care / place providing pre-primary education	Preferred place in early childhood education and care (day care place) / area of family day care / place providing group family day care / place providing pre-primary education
	Additional information	
The child's special support needs	<input type="checkbox"/> The child has special support needs. An assessment of the child's special support needs has been made by a doctor, psychologist or another specialist. The statement should be delivered to the Office Services for Early Childhood Education (varhaiskasvatuksen toimistopalvelut), Kauppatori 5, 67100 Kokkola.	
Information on other children under the age of 18 in the family	Family name and given name	Personal identity code
	Family name and given name	Personal identity code
	Family name and given name	Personal identity code
	Family name and given name	Personal identity code
Client Fees in Early Childhood Education and Care	<input type="checkbox"/> We accept the highest client fee in early childhood education and care <input type="checkbox"/> We do not accept the highest fee and we will provide details on our income. <input type="checkbox"/> Income details attached to this application	
Signatures	I assure that the information I have submitted is correct and give my consent to its verification. _____/_____. 20 ____ Place Date _____ Guardian's signature and clarification of signature Guardian's signature and clarification of signature	
<i>Notes by Early Childhood Education Services</i>	<i>Early childhood education and care place</i>	<i>Day care</i> ____/____. 20 ____ -- ____/____. 20 ____

This agreement shall be valid for one year and must be renewed after that time.