Kokkola Karleby

The City of Kokkola
The Department of Education and Culture
Early Childhood Education Services

Client Free Form

Application received ____ / ____ . 20 ___ Received by:

Child	Child's given name and family name	Place for early childhood education and care (day care place)
	Home address	Personal identity code
Guardian	**Guardian**	**Second guardian or guardian's spouse/partner (lives in same household)**
	Family name and given name	Family name and given name
	Personal identity code	Personal identity code
	Telephone number (mobile, residential, business)	Telephone number (mobile, residential, business)
	E-mail	E-mail

Not accepting/ termination of place in early childhood education and care

☐ The granted place in early childhood education and care (day care) is not needed.

☐ Termination of place in early childhood education and care (day care).
Last day in early childhood education and care ____ / ____ . _____. Note! Termination of early childhood education and care can't be made retroactively

Changes in the need for early childhood education and care

The agreement on care time is made for at least three (3) months

Need for early childhood education and care (day care), from ___ / ___ 20 __

Choose care time:

☐ max 86 h/month
☐ max 150 h/month
☐ over 150 h/month
☐ free pre-primary education (4 h/day) + early childhood education and care max 86 h/month
☐ free pre-primary education (4 h/day) + early childhood education and care max 150 h/month

Need for early childhood education and care ☐ Mon-Fri ☐ Sat ☐ Sun ☐ Evening ☐ Night

Changes in income

Changes in income, from ____ / ____ 20 ___. **Attach income details of your changed incomes.**

☐ Our incomes have changed/will change
☐ Changes in child maintenance allowance/ child support income
☐ We accept the highest fee
☐ Admission/completion of studies
☐ Entrepreneurship, fill out the form for entrepreneurial
☐ Account number for refund of payment

_____
Account number in IBAN form and name of account holder

Changes in family relations

Changes in family relations, from ____ / ____ 20 ___ .

☐ Divorce/separation
☐ A family member has turned 18
☐ A baby has been born into the family
☐ New marriage/live-in partner/registered partnership

_____
Family name and given name, identity code

Other changes

Changes applicable from ____ / ____ 20 ___ .

☐ paternity leave, attach KELA:s decision on Paternity allowance
☐ change of address, new address _____

Signature

Kokkola _____ / _____ 20 ___

_____
Guardian's signature