



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	<input type="checkbox"/> The granted place in early childhood education and care (day care) is not needed. <input type="checkbox"/> 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	
Deferring start of early childhood education and care	<input type="checkbox"/> I would like to defer the start of early childhood education and care. New start date ____ / ____ . 20 ____. You can defer the start date within the given starting month. In any other case, please contact the service manager, who has granted the place in early childhood education and care.	
Changes in the need for early childhood education and care	Need for early childhood education and care (day care), from ____ / ____ 20 ____ Early childhood education and care is needed <u>due to employment or studies</u> . Choose care time: <input type="checkbox"/> 20 h or less/week (max 86 h/month) <input type="checkbox"/> free pre-primary education (4 h/day) + early childhood education and care 20 h or less/week (max 86 h/month) <input type="checkbox"/> over 20 h - 35 h/week (max 150 h/month) <input type="checkbox"/> free pre-primary education (4 h/day) + early childhood education and care over 20 h - 35 h/week (max 150 h/month) <input type="checkbox"/> over 35 h/week (over 150 h/month) The agreement on care time is made for at least three (3) months <u>Need for early childhood education and care</u> <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Evening <input type="checkbox"/> Night <u>The right to early childhood education and care is restricted</u> , if one or both parents are home. Choose care time: <input type="checkbox"/> 8 + 8 + 4 h/day = 20 h/week <input type="checkbox"/> 4 h day = 20 h/week (normally from 8.30 to 12.30)	
Changes in income	Changes in income, from ____ / ____ 20 ____ . Attach income details of your changed incomes. <input type="checkbox"/> Our incomes have changed/will change <input type="checkbox"/> Admission/completion of studies <input type="checkbox"/> Changes in child maintenance allowance/child support income <input type="checkbox"/> Entrepreneurship, fill out the form for entrepreneurial <input type="checkbox"/> We accept the highest fee <input type="checkbox"/> 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 ____ . <input type="checkbox"/> Divorce/separation <input type="checkbox"/> A baby has been born into the family <input type="checkbox"/> A family member has turned 18 <input type="checkbox"/> New marriage/live-in partner/registered partnership _____ Family name and given name, identity code	
Other changes	Changes applicable from ____ / ____ 20 ____ . <input type="checkbox"/> paternity leave, attach KELA:s decision on Paternity allowance <input type="checkbox"/> change of address, new address _____	
Signature	Kokkola ____ / ____ 20 ____	_____ Guardian's signature