



APPLICATION FOR DAY CARE

 Day care centre Family day care

SERVICE VOUCHER APPLICATION

 Service voucher/private kindergarten

Received by _____

Preferred starting date of care _____

Date _____

Child's personal details	Last name, first names			
	Personal identity number		Domicile	
	Street address			
	Post code	Post office		Home telephone
	Mother tongue	Language spoken at home	Religion	Nationality
Guardian's personal details	Name		Name of spouse or partner of guardian living in the same household	
	Personal identity number		Personal identity number	
	Telephone number		Telephone number	
	E-mail address		E-mail address	
	Occupation		Occupation	
	Place of work or study		Place of work or study	
	Address of place of work or study		Address of place of work or study	
	Work telephone number		Work telephone number	
Child's family situation	The child is living <input type="checkbox"/> with his/her own parents <input type="checkbox"/> with one parent <input type="checkbox"/> elsewhere (e.g. foster home)			
	Guardian's family relations <input type="checkbox"/> cohabitation <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> guardian: mother <input type="checkbox"/> guardian: father <input type="checkbox"/> parents live separately <input type="checkbox"/> joint custody; name, address and telephone number of the other guardian:			
Other children of the family (under 18 years) living in the same household	Personal identity numbers			
	Day care of siblings (place)			
Need for day care, type of care	<input type="checkbox"/> full-day care <input type="checkbox"/> evening care <input type="checkbox"/> part-day care, less than 5 h <input type="checkbox"/> 24-hour care		Agreement for smaller need for care <input type="checkbox"/> 1 - 10 days per month <input type="checkbox"/> 11 - 15 days per month	
Hours of care	Daily hours of care	Days of care per month	Need for care on Saturday <input type="checkbox"/> yes <input type="checkbox"/> no	Need for care on Sunday <input type="checkbox"/> yes <input type="checkbox"/> no
Preferred place of care	Name of day care centre / family day care area / service voucher			
	1.			
	2.			
3.				

Child's health	Illnesses, allergies, or other specific factors related to the development of the child. (Potential official opinion or report attached.)
	Which child health clinic has been used for the child most recently?
Other information influencing the arrangement of care	<p>Do you have pets at home? What pets?</p> <hr/> <p>Do you have a car in the household? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Can you use a car for transport to and from day care? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
Application for municipal day care or service voucher	<p>The application must be submitted on the basis of the time of beginning of the need for day care; however, no later than four months prior to the need. If the need for day care cannot be foreseen and the need is due to sudden employment, study or training, the application must be submitted as soon as possible; however, no later than two weeks prior to the need for day care. The application is valid for one year.</p> <p>An electronic application can be completed in Finnish at www.kotka.fi - "Päivähoito" - link "Sähköinen päivähoitohakemus" on the right.</p>
Client's rights	<p>The client has the right to know why the personal information submitted by that person is needed, for what purpose the information is needed, where such information is regularly released, and into which registrar's person register (as referred to in the personal data act) the information is stored (act on the position and rights of a client of social welfare). The client has the right to verify the client register data concerning him or her (personal data act).</p> <p>Your information is stored in the client data system of Day Care and Early Education Services of the division for Services for Children and Adolescents.</p>
Further information	Need for day care based on factors other than the guardians' work or study
Signatures	<p>I hereby certify that the information above is correct, and I agree to the verification of the information given.</p> <p>Place _____ Date _____ 20__</p> <p>Signature and name in block letters _____</p> <p>Signature and name in block letters _____</p>