

Vastaanottaja	
Pvm	
Tallentaja	
Pvm	

0 Subject of the application	<input type="checkbox"/> Full day care	<input type="checkbox"/> Preschool education
	<input type="checkbox"/> Part-time care	<input type="checkbox"/> Other form of treatment, which
	<input type="checkbox"/> Preschool and daycare	

1 Child's personal information	Surname and first names (the nick name is underlined)	
	Personal identification number	Home town
	Local address, postal code and post office	Phone
	Mother language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> else, what	

2 Family information	Mother's (married or common-law) name	Personal identification number	Occupation
	Place of work/study, address and telephone		
	Father's (married or common-law) name	Personal identification number	Occupation
	Place of work/study. address and telephone		

3 Basis for applying to early childhood education	<input type="checkbox"/> Job <input type="checkbox"/> Study <input type="checkbox"/> Other reason, what
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4 Desired form of treatment	Primary treatment <input type="checkbox"/> Kindergarten care <input type="checkbox"/> Family daycare <input type="checkbox"/> Group family day care <input type="checkbox"/> Other form of treatment, which	Secondary treatment <input type="checkbox"/> Kindergarten care <input type="checkbox"/> Family daycare <input type="checkbox"/> Group family day care <input type="checkbox"/> Other form of treatment, which
	Primary treatment site/area	Secondary care site/area

5 Need for treatment	Desired start date of treatment	<input type="checkbox"/> Full day treatment	<input type="checkbox"/> Preschool education	Daily treatment time (hours)
		<input type="checkbox"/> Part-time care	<input type="checkbox"/> Preschool and day care	
	Number of treatment days/week <input type="checkbox"/> Half-week treatment                      -	Number of treatment days/month <input type="checkbox"/> Saturday treatment at                      -                      (time)		
	Number of treatment days/week <input type="checkbox"/> Evening care                                      -	Number of treatment days/week <input type="checkbox"/> Sunday treatment at                      -                      (time)		
Number of treatment days/month <input type="checkbox"/> Night care    -	More information <input type="checkbox"/>			

6 Transportation to early childhood care	Possibility to use your own car <input type="checkbox"/> Yes <input type="checkbox"/> No	A child in preschool is transported <input type="checkbox"/> with own car <input type="checkbox"/> walking <input type="checkbox"/> by public transport <input type="checkbox"/> the child travels alone	Distance km

7 The child's current early childhood education	<input type="checkbox"/> Municipal treatment facility <input type="checkbox"/> Private treatment facility <input type="checkbox"/> Nurse at home <input type="checkbox"/> Parent takes care		
	<input type="checkbox"/> Full day treatment <input type="checkbox"/> Part-time care		
	Current care arrangement continues /parental allowance period ends, date		

8 Other children under the age of 18 in the family	Surname, first names and date of birth	Current/applied care place for a child of daycare age

9 Information that affects the organization of treatment	The child's long-term illnesses and other factors related to the organization of care

10  
Other  
additional  
information

For example the child's need for special care, return migration, the family's religious beliefs, allergies of other family members that affect the child's placement

Does the child have pets at home\*

No       Yes, what kind of pets

I do not give income information (in this case the municipality can set a maximum payment)

11  
Signature

I certify that the information is correct and agree to check the given information.  
Place, time and signature

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The information on the form or part if the information on the form is stored in the information system.