

Official fills	Hoitosuhteen alkamispäivä	Hakemus peruttu, pvm	Jää jonoon Syy
	Päiväkoti/ ryhmäperhepäiväkoti/ perhepäivähoitaja	Merkitty koneelle	Siirto yksityiselle Mihin

Fill out carefully using BLOCK LETTERS. Fill the form for each child separately.

Child's personal information	Family name and first name	
	Social security number (date of birth if not available)	Native language and place of birth
	Religion Lutheran <input type="checkbox"/> Ortod. <input type="checkbox"/> Other <input type="checkbox"/>	Child does not take part in Lutheran events <input type="checkbox"/>
	Address	
Guardian information	Name of the guardian	Name of spouse / other guardian
	Social security number (date of birth if not available)	Social security number (date of birth if not available)
	Email address	Email address
	Profession	Profession
	Current place of work <input type="checkbox"/> Current place of study <input type="checkbox"/>	Current place of work <input type="checkbox"/> Current place of study <input type="checkbox"/>
	Work address	Work address
	Telephone	Telephone
	Family relationship <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Common law marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow	
Preferred place and average time needed/ week	Ensisijainen hoitomuoto 1. day care <input type="checkbox"/> 2. family day care <input type="checkbox"/>	Desired start date for daycare
	Name of day care center preferred	Preferred family day care area
	Alternative day care center	Alternative family day care area
	1. at least 35 h/week <input type="checkbox"/> 2. over 27 – under 35 h/week <input type="checkbox"/> 3. over 20 – under 27 h/week <input type="checkbox"/> 4. up to 20 h/week <input type="checkbox"/>	
	Need for care <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> evenings <input type="checkbox"/> nights	
	Daily day care times needed	
	Are there any pets in the family? <input type="checkbox"/> no <input type="checkbox"/> yes What kind?	
Private day care?	We have also applied for private day care. Which private day care?	

**Child's name:**

<b>Family members</b>	First and last names and dates of birth of other children under the age of 18 living with the family
<b>OTHER INFORMATION</b>	<p>For example moving date to Mäntsälä, date of beginning a new job, doctor's/ psychologist statements, chronic disease for example allergies etc.</p> <p>Any official doctor's/ psychologist statements should be attached to the application.</p> <hr/> <hr/> <hr/> <hr/> <p><b>Information from a child welfare clinic (Hyvinvointineuvola)</b></p> <p>is available <input type="checkbox"/> is NOT available <input type="checkbox"/></p> <hr/> <p>Payment is determined on the basis of income and the family must return the income statement form to the Administration of Early Childhood Education with attached pay slipp by the 5th day of the calendar month following the month in which the care began. If the guardian is a student they must present a certificate of study issued by the educational institution.</p> <p><input type="checkbox"/> We accept the highest payment. No income statements needed.</p> <hr/> <p><b>This application is valid for one year from the date of submission.</b></p>
<b>Signature</b>	<p>I / we certify that the information is correct and I / we agree to verify the information provided.</p> <p>Date, signature and clarification of the name(s)</p>