



Dear applicant,

Please, give the application to the manager of the day care centre or the family day care supervisor. At the same time you can receive information about the day care and discuss questions concerning the application. You can also mail your application.

1. Child, family name and first names		First name normally used	Personal number
Home address			Postal code and post office
Home phone		The child's best language <input type="checkbox"/> 1 Finnish <input type="checkbox"/> 2 Swedish <input type="checkbox"/> Other, what?	
2. Persons living with the child	Name of the mother or supporter, wife, partner		Name of the father or supporter, husband/partner
	Personal number		Personal number
<input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> At home		<input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> At home	
Employed by/Studies at		Employed by/Studies at	
Contact information during the time the child is in day care		Contact information during the time the child is in day care	
3. Need of day care	Day when the care starts	Full-time care <input type="checkbox"/> Max. 7 hours <input type="checkbox"/> More than 7 hours	Part-time care <input type="checkbox"/> Max. 5 hours <input type="checkbox"/> Club
	Need of day care (further information on the following line) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly, days per week <input type="checkbox"/> Irregular, days per month <input type="checkbox"/> In the evening, night or weekend		
Further information <input type="checkbox"/> In appendix			
Place the forms of day care in order of priority: 1 = first, 2 = second etc.			
<input type="checkbox"/>	Day care centre	<input type="checkbox"/>	Family day care
<input type="checkbox"/>	Group family day care	<input type="checkbox"/>	Three-family day care
<input type="checkbox"/>	Club		
4. The day care place/area you prioritize		Grounds related to the day care place first in priority (special reasons, siblings relations, communications)	
1.			
2.			
3.			
4.			
5. The child's health (e.g. allergies, medication)			
6. The child's need of special care. A statement from a doctor who is a specialist in the field or another expert, medical aids, medication etc. to be taken into consideration <input type="checkbox"/> in appendix <input type="checkbox"/> delivered later			
7. I hereby affirm that the information given is correct.			
Date		Signature and clarification of name of the parent or the supporter of the child	

The day care fee is collected from the day the care starts according to the day care decision.

The information given will be registered in the Social Services Department's client data system. The register explanation can be seen at the client service offices and on Helsinki's web pages, www.hel.fi/rekisteriseloste

TO BE FILLED IN BY THE MUNICIPAL AUTHORITY

Date of receiving the application		Name and unit of the person who has received the application			
The care starts on	The care ends on	Language of the group <input type="checkbox"/> 1 Finnish <input type="checkbox"/> 2 Swedish <input type="checkbox"/> 3 other		Regular absence per	From
				In 24 h care, hours per month	
Full-time <input type="checkbox"/> Max 7 hours <input type="checkbox"/> Over 7 hours		Part-time <input type="checkbox"/> Max 5 hours <input type="checkbox"/> Club		Day care needed in addition to preschool; hours per day	
Number of the unit		Name of the day care centre			
Number of the family day care		Name of the family day care supervisor			
Type of family day care <input type="checkbox"/> 1 In the caregiver's home <input type="checkbox"/> 2 Group family day care <input type="checkbox"/> 3 Three-family day care					