

Application received \_\_\_\_ / \_\_\_\_ . 20 \_\_\_\_ Received by: \_\_\_\_\_

<b>Child</b>	Child's given name and family name	Place for early childhood education and care (day care place)
	Home address	Personal identity code
<b>Guardian</b>	<b>Guardian</b>	<b>Second guardian or guardian's spouse/partner (lives in same household)</b>
	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
<b>Not accepting/termination of place in early childhood education and care</b>	<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	
<b>Changes in the need for early childhood education and care</b>	Need for early childhood education and care (day care), from ____ / ____ 20 ____ Choose care time: <input type="checkbox"/> max 86 h/month <input type="checkbox"/> max 150 h/month <input type="checkbox"/> over 150 h/month <input type="checkbox"/> free pre-primary education (4 h/day) + early childhood education and care max 86 h/month <input type="checkbox"/> free pre-primary education (4 h/day) + early childhood education and care max 150 h/month <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	
<b>Changes in income</b>	Changes in income, from ____ / ____ 20 ____ . <b>Attach income details of your changed incomes.</b> <input type="checkbox"/> Our incomes have changed/will change <input type="checkbox"/> Changes in child maintenance allowance/child support income <input type="checkbox"/> We accept the highest fee <input type="checkbox"/> Admission/completion of studies <input type="checkbox"/> Entrepreneurship, fill out the form for entrepreneurial <input type="checkbox"/> Account number for refund of payment _____ Account number in IBAN form and name of account holder	
<b>Changes in family relations</b>	Changes in family relations, from ____ / ____ 20 ____ . <input type="checkbox"/> Divorce/separation <input type="checkbox"/> A family member has turned 18 <input type="checkbox"/> A baby has been born into the family <input type="checkbox"/> New marriage/live-in partner/registered partnership _____ Family name and given name, identity code	
<b>Other changes</b>	Changes applicable from ____ / ____ 20 ____ . <input type="checkbox"/> paternity leave, attach KELA:s decision on Paternity allowance <input type="checkbox"/> change of address, new address _____	
<b>Signature</b>	Kokkola ____ / ____ 20 ____ _____ Guardian's signature	