

Received (date)

Grey fields are required

## 1. Child's personal information

Last name	Social security number
First names	Native language
Address	Postal code and office

Allergies	
Diets	Speech therapy <input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic diseases	
More information	

A medical certificate has to supply, if the child has a need for special care and education.

## 2. Desired form of day care

Please number your options (1. = first place, 2. = second place etc.)

<b>KEISARINTIE'S DAY CARE</b>	Family day care
KOIRAMÄKI: a group of 0-3-year-olds	Family day care in home
KISSANKULMA: a group of 3-6-year-old	Family day care in child's home
VAAHTERAMÄKI: a group of 3-6-year-old	Something else, what?
HUVIKUMPU: Shift based care group of 1-6-year-old	

## 3. Need for day care (fill in the Contract of time-based need of service)

Day care time (hour-hour) (Caring time is mainly the parents working and commuting to work)
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Days	<input type="checkbox"/> mon	<input type="checkbox"/> tue	<input type="checkbox"/> wed	<input type="checkbox"/> thu	<input type="checkbox"/> fri	<input type="checkbox"/> sat	<input type="checkbox"/> sun	<input type="checkbox"/> evening care	<input type="checkbox"/> night care
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(Shift based care is offered only if the need is based on a guardian's work.)

How often shift based care is needed?
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Need of day care hour / month	Need for care starts: date
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## 4. Guardian's information

Guardian's name	Social security number
Address <input type="checkbox"/> same as child's	Postal code and office
E-mail	Phone
Marital statement <input type="checkbox"/> Unmarried <input type="checkbox"/> Cohabitation <input type="checkbox"/> Married/Registered partnership <input type="checkbox"/> Separation <input type="checkbox"/> Divorced <input type="checkbox"/> Widdow	Employer/School
Work phone	Working hours
<input type="checkbox"/> Full time <input type="checkbox"/> Shift based <input type="checkbox"/> Part-time <input type="checkbox"/> Student <input type="checkbox"/> Time-limited <input type="checkbox"/> Unemployed	<input type="checkbox"/> Something else, what?

Guardian's name			Social security number
Address <input type="checkbox"/> same as child's			Postal code and office
E-mail			Phone
Employer/School			Working hours
<input type="checkbox"/> Full time	<input type="checkbox"/> Shift based	<input type="checkbox"/> Student	<input type="checkbox"/> Something else, what?
<input type="checkbox"/> Part-time	<input type="checkbox"/> Time-limited	<input type="checkbox"/> Unemployed	

### 5. Other information

Other children in the family (name, date of birth)
Family pets
Other information:

<input type="checkbox"/> Income data will not be delivered. Payment can charge at the highest rate.
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I confirm the information I have been given is correct and I agree to the revision of the information provided.

Place and date	Signature
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