

APPLICANT FILLS IN

received on ___/___/20___

| | | |
|--|---|--|
| <p>An application needs to be filled out for each child separately. If you wish, the family's deductible will be determined on the basis of income, in which case the application will be accompanied by an income statement form and proof of income. If you accept the highest deductible, please tick the box below. In the absence of income data, the highest deductible is determined. Any changes to the information provided should be notified to the service counsellor.</p> <p><input type="checkbox"/> I ACCEPT / WE ACCEPT THE HIGHEST CLIENT FEE (DEDUCTIBLE) FOR EARLY CHILDHOOD EDUCATION AND CARE. There is no need to submit proof of income.</p> <p>PLEASE NOTE: An incomplete application will not be processed. If your child does not have a Finnish personal identity code, fill in the child's date of birth (date, month, year of birth) on the form.</p> | | |
| Child's personal details | Surname and first names | Personal identity code / Date of birth (dd.mm.yy) |
| Other children in the family under the age of 18 years | | <input type="checkbox"/> In municipal early childhood education and care |
| | | <input type="checkbox"/> In municipal early childhood education and care |
| | | <input type="checkbox"/> In municipal early childhood education and care |
| | | <input type="checkbox"/> In municipal early childhood education and care |
| Address | Address, post code and town: | Municipality of residence |
| Details of the guardian and spouse | Guardian / mother / father | Spouse |
| | Place of work or study | Place of work or study |
| | Personal identity code / Date of birth (dd.mm.yy) | Personal identity code / Date of birth (dd.mm.yy) |
| | Mobile phone / Work phone: | Mobile phone / Work phone: |
| Signature | <p>A condition for receiving a service voucher is that the family does not receive private day care allowance or home care allowance paid by Kela for the child in question. We have terminated said subsidies as of ___/___/20___. I confirm the accuracy of the information and agree to the verification of the above information.</p> | |
| | Date | Applicant's signature |

PRIVATE SERVICE PROVIDER FILLS IN

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|---|--|---|---|------------------|
| Name of the service provider / Name of the nurse | | Name of contact person | | |
| Address | | | | Telephone number |
| Agreed form of early childhood education and care as of ____/____ 20 ____ | <input type="checkbox"/> Full-day care / over 84 hrs per month | <input type="checkbox"/> Half-day care / no more than 84 hrs per month | <input type="checkbox"/> Free Pre-primary education <input type="checkbox"/> Pre-primary education + day care (21-34 hrs / week) | Group |
| Information on the other children in the care of the family daycare provider. | The daycare provider has _____ own children under school age. | The name, year of birth and half-day or full-day care of children in care and own children are indicated. | | |
| Name | Year of birth | Half-day / full-day care | Municipality of residence | |
| | | | | |
| | | | | |
| | | | | |
| Date | Signature of the notifier | | | |

The service voucher application documents for private early childhood education and care form a personal register as referred to in the Personal Data Register Act. Privacy statement is available at <https://www.kuopio.fi/tietosuojaselosteet>