



Arrived ___/___/20__

Approves maximum day care fee

Please return the application form to the following address: Raseborgs stad, Bildningskansli/småbarnspedagogik, PB 58, 10611 RASEBORG

INFORMATION ON THE CHILD

Family name	All first names	First name normally used
Personal code number	Home municipality	
Address	Postal code and post office	
Mother tongue <input type="checkbox"/> Swedish <input type="checkbox"/> Finnish <input type="checkbox"/> Other, what?	Language(s) spoken at home	

INFORMATION ON THE GUARDIAN

Family name	First name
Personal code number	Phone number during day time
E-mail	Profession
Place of work	Address of the place of work
Postal code and post office	Working hours <input type="checkbox"/> regular <input type="checkbox"/> shift work <input type="checkbox"/> other, what?

INFORMATION ON SPOUSE/PARTNER

Family name	First name
Personal code number	Phone number during day time
E-mail	Profession
Place of work	Address of the place of work
Postal code and post office	Working hours <input type="checkbox"/> regular <input type="checkbox"/> shift work <input type="checkbox"/> other, what?

The child lives with: <input type="checkbox"/> both parents <input type="checkbox"/> one of the parents <input type="checkbox"/> elsewhere, where?
The guardian's marital status: <input type="checkbox"/> married <input type="checkbox"/> unmarried <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower <input type="checkbox"/> cohabiting <input type="checkbox"/> lives separated



OTHER CHILDREN UNDER 18 YEARS IN THE FAMILY

Family name	First name	Personal code number	Present place of day care

KIND OF DAY CARE YOU WISH TO APPLY FOR

Primarily <input type="checkbox"/> day care center <input type="checkbox"/> family day care <input type="checkbox"/> group family day care	Secondarily <input type="checkbox"/> day care center <input type="checkbox"/> family day care <input type="checkbox"/> group family day care
Day care unit you primarily apply for:	Day care unit you secondarily apply for:

NEED OF DAY CARE

<input type="checkbox"/> max. 88h/month (60%) <input type="checkbox"/> max. 110h/month (70%) <input type="checkbox"/> max. 150h/month (80%) <input type="checkbox"/> more than 150h/month (100%)		
Daily care time:		
When do you wish to begin day care?		Evening care, between what hours?
Night care, between what hours?	Care on Saturdays, days per month, between what hours?	Care on Sundays, days per month, between what hours?

OTHER INFORMATION

The child's health, allergies, need of special support etc.
Does the family have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information:

Day care granted from:
Day care unit and need of day care:

I hereby affirm that the information given is correct.

Date and place

Signature