

Hakemuksen jättöpäivä

Vastaanottajan nimi:

INFORMATION OF THE CHILD	Last name and first names			
	Identity number		Home county	
	Street address, zip code and city			
	Native language		Languages spoken at home	
INFORMATION OF THE GUARDIANS AND FAMILY CIRCUMSTANCES / FAMILY DETAILS	Name of the primary guardian		Name of the second guardian	
	Identity number		Identity number	
	Occupation		Occupation	
	Place of work/study		Place of work/study	
	Work/study address		Work/study address	
	Work- /study time		Work-/ study time	
	Home phone	Work phone	Home phone	Work phone
	E-mail address		E-mail address	
	Familyform <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> common-law marriage <input type="checkbox"/> registered partnership		<input type="checkbox"/> other guardian <input type="checkbox"/> widowed <input type="checkbox"/> divorced	
<input type="checkbox"/> Joint custody; name, identity number, address, phone				
OTHER CHILDREN UNDER 18 IN THE FAMILY	Name		Identity number	Name of the daycare/ school
	Desired date for the start of day care		Reason for the need of the care	
	Current daycare / Date of the last payment of parental allowance			

	<input type="checkbox"/> Day care centre <input type="checkbox"/> Preschool <input type="checkbox"/> Family day care <input type="checkbox"/> Group family day care	
	Daycare :Primary alternative/Secondary alternative	Name of the school arranging pre-school, alternatives
	Family day care: Primary alternative/Secondary alternative	Group family day care: alternatives
	<input type="checkbox"/> mon-fri <input type="checkbox"/> sat <input type="checkbox"/> sun	<input type="checkbox"/> full daycare of over 5hrs/day <input type="checkbox"/> half daycare, up to 5 hrs/day <input type="checkbox"/> evening care <input type="checkbox"/> 24-hour care
		<input type="checkbox"/> free pre-school 4 hrs / day <input type="checkbox"/> pre-school+day care up to 5 hrs/day <input type="checkbox"/> pre-school+day care over 5 hrs/day
		Care needs <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> over 15 days/month
	Regular day care hours (list times)	Irregular daycare hours (list times)
TRANSPORTATION OF DAYCARE	Possibility of own transportation <input type="checkbox"/> yes <input type="checkbox"/> no	
CHILD'S STATE OF HEALTH AND OTHER ADDITIONAL INFORMATION	Long-term illnesses of the child and other health concerns; e.g. allergies (therapies, other special needs)	
	Are they any pets at home? <input type="checkbox"/> yes <input type="checkbox"/> no What?	
PERMISSIONS CONCERNING THE CHILD	May the child's pictures/photos be used at web site or other publications? <input type="checkbox"/> yes <input type="checkbox"/> no	
	May the child participate in activities outside the day care/pre-school facility? <input type="checkbox"/> yes <input type="checkbox"/> no	
	The personel of the day care/pre-school may contact the other professionals at school and therapycenters. <input type="checkbox"/> yes <input type="checkbox"/> no	
DAY CARE FEE	For the calculation of the day care fee, an income statement must be submitted by the end of the month when day care started. In the absence of the income statement the highest day care fee will be charged. , Kelhänkatu 3, 42100 JÄMSÄ.	
	<input type="checkbox"/> In the absence of income data the highest day care fee will be charged	
APPLICANT'S SIGNATURE	I hereby state that the information given in this application in true and correct Date and signature	

Lomakkeen tiedot tai osa niistä tallennetaan kunnan tietojärjestelmään. Palauta lomake lähimpään päiväkotiin tai päivähoitotoimistoon Kelhänkatu 3 (3. krs), 42100 Jämsä