

I will not provide information about income, and accept the highest payment

RecNoved on _____

Children in early childhood education and care	Child's name		Personal identity code	
	1.			
	2.			
	3.			
Guardians/guardian and spouse or cohabiting partner living in the same household	1 Name of guardian (= immediate guardian)		2 Guardians/guardian and spouse or cohabiting partner	
	Personal identity code	Telephone number	Personal identity code	Telephone number
	<input type="checkbox"/> in paid employment	<input type="checkbox"/> in paid employment	<input type="checkbox"/> in paid employment	<input type="checkbox"/> in paid employment
	<input type="checkbox"/> entrepreneur	<input type="checkbox"/> entrepreneur	<input type="checkbox"/> entrepreneur	<input type="checkbox"/> entrepreneur
	<input type="checkbox"/> student	<input type="checkbox"/> student	<input type="checkbox"/> student	<input type="checkbox"/> student
<input type="checkbox"/> unemployed	<input type="checkbox"/> unemployed	<input type="checkbox"/> unemployed	<input type="checkbox"/> unemployed	
Other information	Home address, postal code and city			
	Names of children under 18 living at the same address			

INFORMATION ABOUT INCOME Attach a document/decision	1 Taxable income of the guardian, spouse or cohabiting partner			2 Taxable income of the guardian, spouse or cohabiting partner		
	Income from principal activity, including fringe benefits. Please attach the last payslip detailing the accrued wages and holiday bonuses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from secondary occupation, including fringe benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Unemployment allowance / labour market subsidy / education allowance / sickness allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Part-time supplement / job alternation compensation / daily allowance in addition to part-time work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Student income, please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Maternity, paternity and / or parental allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Partial / flexible care allowance (considered as income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Rental income excluding charges for common expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Forest area:	hectares			hectares		
Municipality where the forest is located:						
Forestry rent	€/month			€/month		
Capital income (interest, options, dividends, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
All other income, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
Maintenance fees paid, deductible from income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	€/month
INCOME OF CHILDREN IN EARLY CHILDHOOD EDUCATION (itemised), eg. maintenance allowance or maintenance support, pension (child benefit is not taken into account)						
no income <input type="checkbox"/>	has income <input type="checkbox"/>	Child's name	Type of income, gross total			

I certify that the information I have provided is correct and I am aware of my obligation to report changes in the family income of at least + / - 10%

1 Name of guardian (= immediate guardian)	2 Guardians/guardian and spouse or cohabiting partner
I consent to the verification of the information provided" <input type="checkbox"/>	I consent to the verification of the information provided <input type="checkbox"/>
Date and signature	Date and signature

The completed and signed form and its appendices are returned primaril to the address:

City of Jämsä, Childhood Education and Care , Kelhänkatu 3, 42100 Jämsä