



Dear applicant,

You can apply for day care with this form in case you don't have Finnish bank access codes, a Finnish identity number, or if you for other reasons don't have a possibility to apply online. Please, mail the form or give it personally to the day care unit manager after making an appointment. You can fill in the electronic application on <https://asiointi.hel.fi/>

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1. Child, family name | | First name | Personal identification number |
| Street address | | Postal code | Post office |
| First language <input type="checkbox"/> 1 Finnish <input type="checkbox"/> 2 Swedish <input type="checkbox"/> Other? | | | |
| 2. Persons living with the child | Custodian's family and first names | | Custodian's or custodian's spouse's family and first names |
| | Personal identification number | | Personal identification number |
| | <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> At home | | <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> At home |
| | Telephone number and e-mail address | | Telephone number and e-mail address |
| 3. Joint custodian's name and contact information | | | |
| <input type="checkbox"/> We have agreed that decisions on day care should only be sent to the child's home address <input type="checkbox"/> Decisions on day care should be sent both to the child's home address and to the other custodian | | | |
| 4. Need of day care | Starting date | <input type="checkbox"/> Max. 5 hours <input type="checkbox"/> Max. 7 hours <input type="checkbox"/> Over 7 hours | <input type="checkbox"/> Club, max. 3h/ day |
| Need of day care <input type="checkbox"/> Daily | <input type="checkbox"/> Part of week | <input type="checkbox"/> Irregular | <input type="checkbox"/> Evening, night or weekend care |
| Mark the order of priority by using numbers: 1 = primary 2 = secondary, etc. | | | |
| Day care centre Family day care Group family day care Three-family day care Club | | | |
| 5. Prioritised day care places or areas | | Reasons for selecting the first priority day care place (special needs, siblings, transports) | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Other information on child day care (for example, allergies, medication, need for special care) | | | |
| 7. I hereby confirm that the information given above is correct. | | | |
| Date | | Signature and name clarification of parent or other custodian | |

The day care fee is collected from the starting date of the day care confirmed in the decision on day care. On the same date, payments of child home care allowance or private day care allowance will end.

Your client information will be registered in the child day care client data system (Efficca)
<http://www.hel2.fi/rekisteriseloste/sosv/05EfficcaFISosc.rtf>

TO BE FILLED IN BY THE MUNICIPAL AUTHORITY

| | |
|-------------------------|--------------------|
| Application filing date | Recipient and unit |
|-------------------------|--------------------|