

☐ DAY CARE APPLICATION

☐ DAY CARE APPLICATION FOR A PRE-SCHOOL CHILD



Year of activity _____ - _____

The application must be submitted at least four (4) months prior to the desired start of day care. If the need for day care depends on unforeseeable work/study circumstances, the application must be submitted at least two (2) weeks prior to the desired start of day care.

1. Personal details of the child	Last name and first name(s) (underline the primary name)	
	Social security number	Home phone
	Address, postcode and post office	
	Native language <input type="checkbox"/> Swedish <input type="checkbox"/> Finnish <input type="checkbox"/> Other, what _____	Language spoken at home
2. Personal details of the guardians	Mother (or common-law spouse)	Social security number
	Place of employment/study	Phone
	Father (or common-law spouse)	Social security number
	Place of employment/study	Phone
	Family relations <input type="checkbox"/> Single parent <input type="checkbox"/> Married <input type="checkbox"/> Common-law marriage <input type="checkbox"/> Registered partnership <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Other, _____	
	The family's other children under 18 years Name(s) and date(s) of birth Current care provider / requested provider	
3. Grounds for the application	Grounds for the application for day care <input type="checkbox"/> Work <input type="checkbox"/> Studies <input type="checkbox"/> Other, what _____	

4. Preferred form of day care	Preferred day care place/area, first choice
	Preferred day care place/area, second choice
5. Need for day care	Preferred starting date of day care ____ / ____ 20 ____
	Hours of care/month <input type="checkbox"/> 150 h/month or more <input type="checkbox"/> 116–149 h/month <input type="checkbox"/> 87–115 h/month <input type="checkbox"/> 61–86 h/month <input type="checkbox"/> Max 60 h/month
6. Current care provider	<input type="checkbox"/> Municipal day care <input type="checkbox"/> Private day care <input type="checkbox"/> Home care by a nanny <input type="checkbox"/> Home care by a parent
	The current care arrangement continues / parental leave allowance ends, date
7. Information influencing the arrangement of care	Illnesses, allergies and other important information
	If necessary, the day care staff may contact other cooperation partners in the field of day care (e.g. the child health care clinic) in matters concerning the child's development and health. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Which child health care clinic did the child last visit, address
8. Additional information	For instance, the child's special needs, the family's religious conviction, other family members' allergies that may affect the placement of the child
	Pets at home <input type="checkbox"/> No <input type="checkbox"/> Yes, what _____
9. Signature	I hereby certify that the information above is correct and agree to the verification of the information given. ____ / ____ 20 ____ <div style="text-align: right;">Signature</div>

Submit the application to:

Bildningssektorn / Dagvårdschefen
 Vöråvägen 18
 66600 Vörå kommun