


<b>City of Pietarsaari</b> <b>Department of Daycare</b> <b>and Education</b> 	Customer number	Family size	Income
	<input type="checkbox"/> Daycare centre _____ Department _____ <input type="checkbox"/> Family daycare _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part-time		

### APPLICATION FOR DAYCARE

Requiring daycare from ____/____/20____		Application arrived ____/____/20____		
Child's personal details	Surname and first names ( underline the first name used )		Social security number	
	Mother tongue <input type="checkbox"/> Swedish <input type="checkbox"/> Finnish <input type="checkbox"/> Other _____		Home telephone number	
	Adress		E-mail	
Parents / Guardians details	Father's ( or mother's, partner's ) details Name		Mother's ( or father's, partner's ) details Name	
	Social security number	Telephone nu nr	Social security number      Telephone nr	
Workplace and work hours	Workplace      Tel. Nr		Workplace      Tel. Nr.	
	Work hours <input type="checkbox"/> regular      from      - <input type="checkbox"/> irregular      from      -		Work hours <input type="checkbox"/> regular      from      - <input type="checkbox"/> irregular      from      -	
	<input type="checkbox"/> Works on Saturdays <input type="checkbox"/> Works on Sundays		<input type="checkbox"/> Works on Saturdays <input type="checkbox"/> Works on Sundays	
Family situation	Guardian / Guardians <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widowed			
Children	birth dates of all children under 18 years of age			
Required form of daycare	1 st choice <input type="checkbox"/> Daycare centre _____ <input type="checkbox"/> Family daycare _____		2 nd choice <input type="checkbox"/> Daycare centre _____ <input type="checkbox"/> Family daycare _____	
	Need of daycare	<input type="checkbox"/> 1- 60 h/month <input type="checkbox"/> 61- 86 h/ mpnth <input type="checkbox"/> 87 - 115 h/month <input type="checkbox"/> 116 - 149 h/month <input type="checkbox"/> 150 h/month or more		<input type="checkbox"/> Monday - Friday <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Daycare times _____				
Child's current daycare	<input type="checkbox"/> At home, caretaker _____			
	<input type="checkbox"/> In daycare, where _____			

Child's current state of health	<p><b>We ask you to answer the following questions so that Your child can receive the best possible care.</b></p> <p>Does your child have:</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Fever cramps</td> <td>the previous time</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Repeated ear infections</td> <td>the previous time</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Repeated respiratory track infections</td> <td>the previous time</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Protracted illness</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Congenital disability, such as defect of vision</td> <td>What _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Continuous medication</td> <td>What _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Anxiety</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dealayed development of speach</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Problem with concentration</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other, please define: _____</td> <td></td> </tr> </table> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Asthma</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Allergies</td> </tr> </table> <p>Forbidden foods _____</p> <p>_____</p> <p><b>If your child has allergies we ask you to enclose a certificate from e.g. your nurse or doctor.</b></p> <p><b>If your child has a protracted illness we require a doctor's certificate.</b></p> <p>- is someone else in your family allergic      <input type="checkbox"/> yes   <input type="checkbox"/> no</p> <p>- do you have animals at home                      <input type="checkbox"/> yes   <input type="checkbox"/> no</p>	<input type="checkbox"/>	Fever cramps	the previous time	<input type="checkbox"/>	Repeated ear infections	the previous time	<input type="checkbox"/>	Repeated respiratory track infections	the previous time	<input type="checkbox"/>	Protracted illness		<input type="checkbox"/>	Congenital disability, such as defect of vision	What _____	<input type="checkbox"/>	Continuous medication	What _____	<input type="checkbox"/>	Anxiety		<input type="checkbox"/>	Dealayed development of speach		<input type="checkbox"/>	Problem with concentration		<input type="checkbox"/>	Other, please define: _____		<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Allergies
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Child's healthcare	<b>It is forbidden to bring a sick or convalescent child to daycare</b>																																		
Authorisation	Daycare personnel is allowed to discuss Your child's issues with advising personnel <input type="checkbox"/> yes <input type="checkbox"/> no																																		
Other general issues	Other general issues that should be taken into consideration:																																		
Signature	Date _____ Signature _____																																		

**Required appendices**

Income report

I / we agree that the highest daycare fee is charged

**NB! If no income report is enclosed, the highest daycare fee is charged**