



DETAILS OF THE CHILDREN APPLYING FOR CARE (starting from the youngest)	Surname and forenames	Social security number
	_____	_____
	_____	_____
	_____	_____
	Street address, postcode and town	Residential area (see instructions)
	Years of birth of the other children of the family	Number of family members

GUARDIANS' DETAILS	Mother's / Spouse's full name	Father's / Spouse's full name
	Social security number	Social security number
	Occupation and workplace	Occupation and workplace
	Daily working hours	Daily working hours
	Phone number home / work	Phone number home / work
	E-mail address	E-mail address
	<input type="checkbox"/> decisions can be sent electronically	

CHILDREN'S CURRENT PLACE OF CARE / RESIDENCE	Children's current place of care <input type="checkbox"/> home <input type="checkbox"/> other, what
	Current municipality of residence, if not Sotkamo

PLACES OF DAY CARE APPLIED IN ORDER OF IMPORTANCE (1, 2, 3)	FAMILY DAY CARE	DAY CARE CENTRES
	<input type="checkbox"/> caretaker's home	<input type="checkbox"/> Leivola <input type="checkbox"/> Tiilikangas
	primary preference for area or caretaker	<input type="checkbox"/> Kontinjoki <input type="checkbox"/> Satuvakka
	Car available <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Käpymetsän vuoropäiväkoti (Käpymetsä shift care)
		SOME OTHER PLACE OF CARE (name of the place)
		<input type="checkbox"/>

NEED FOR CARE	Commencement of care	Reservation based on hours	<input type="checkbox"/> 1 – 51 hours/month	<input type="checkbox"/> 108 – 149 hours/month
			<input type="checkbox"/> 52 – 86 hours/month	<input type="checkbox"/> over 150 hours/month
			<input type="checkbox"/> 87 – 107 hours/month	
	The need for care	<input type="checkbox"/> continuous <input type="checkbox"/> temporary, for the period of _____		
	The time of care	<input type="checkbox"/> regular daily, at _____ - _____		
		<input type="checkbox"/> based on a list of shifts, time period, at _____ - _____		
	The need for shift care	<input type="checkbox"/> 2-shift work	<input type="checkbox"/> Saturday care	times/month, time of care
		<input type="checkbox"/> 3-shift work	<input type="checkbox"/> Sunday care	times/month, time of care
		<input type="checkbox"/> some other irregular	<input type="checkbox"/> night care	times/month, time of care
	PLEASE REPORT THE TIMES OF CARE ELECTRONICALLY (or in other agreed way) BY MONDAY THE WEEK BEFORE AT 12.00			



<p>CHILDREN'S MEDICAL CONDITIONS / ALLERGIES / DIETARY REQUIREMENTS (please attach a statement from a specialist)</p>	<input type="checkbox"/> Animal allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Lactose intolerance <input type="checkbox"/> Coeliac disease <input type="checkbox"/> Milk allergy <input type="checkbox"/> Wheat allergy <input type="checkbox"/> Allergenic foodstuff, what ? <input type="checkbox"/> Other allergenic substances, what ? Other medical condition, what Continuous medication <input type="checkbox"/> no <input type="checkbox"/> yes, what ? Is there a pet at home <input type="checkbox"/> no <input type="checkbox"/> yes, what ? Can a pet in day care harm the child's health, how ? <input type="checkbox"/> CP / other physical disability <input type="checkbox"/> Problems with language development <input type="checkbox"/> Developmental delay <input type="checkbox"/> Hyperactivity / attention deficit <input type="checkbox"/> Other, what Other considerations, what ? Our child is attending <input type="checkbox"/> speech therapy <input type="checkbox"/> occupational therapy <input type="checkbox"/> music therapy <input type="checkbox"/> physiotherapy <input type="checkbox"/> some other therapy, what ? <input type="checkbox"/> Our child is not attending any of the above.
<p>SUPPORT FOR GROWTH, DEVELOPMENT AND LEARNING (please attach a statement from a specialist)</p>	

<p>GUARDIAN'S FAMILY CIRCUMSTANCES</p>	<input type="checkbox"/> single <input type="checkbox"/> married	<input type="checkbox"/> cohabitating <input type="checkbox"/> widowed	<input type="checkbox"/> separated / <input type="checkbox"/> joint custody <input type="checkbox"/> divorced / <input type="checkbox"/> joint custody	<input type="checkbox"/> other guardian, what ?
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<p>FAMILY'S PARTNERS IN DAY CARE</p>	Our family is currently a customer of <input type="checkbox"/> family work <input type="checkbox"/> social work <input type="checkbox"/> some other partner in day care, which? _____ <input type="checkbox"/> Our family is not a customer of any of the partners in day care above
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<p>FAMILY INCOME (reported by applicant)</p>	<input type="checkbox"/> Income reports will not be delivered, highest fee <input type="checkbox"/> Income reports will be delivered later, by the commencement of care. IF INCOME REPORTS HAVE NOT BEEN DELIVIED BY THE DUE DATE, THE HIGHEST FEE FOR CARE WILL BE CHARGED.
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<p>SIGNATURE</p>	I declare that the information I have provided is correct, and I agree that it may be checked. Date _____ Signature _____
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