



MUNICIPALITY OF HONKAJOKI
 Education Committee/Daycare
 Porhontie 5
 38950 Honkajoki
 varhaiskasvatus@honkajoki.fi

APPLICATION FOR DAYCARE

Application received
Receiver and date

PERSONAL INFORMATION	Child's name		Social security number		Native language		Religion	
	Name of the guardian 1)				Name of the guardian 2)			
	Social security number		Marital status		Social security number		Marital status	
	Address				Address			
	Postal code		Phone number		Postal code		Phone number	
	E-mail				E-mail			
	<input type="checkbox"/> I wish to use e-mail as one means of communication with the day-care center.				<input type="checkbox"/> I wish to use e-mail as one means of communication with the day-care center.			
	Occupation		Phone number to work		Occupation		Phone number to work	
	Employer				Employer			
	<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job	
	<input type="checkbox"/> Student		<input type="checkbox"/> Other Shift work		<input type="checkbox"/> Student		<input type="checkbox"/> Other Shift work	
	Address of the work place				Address of the work place			
	Educational establishment		Estimated graduation		Educational establishment		Estimated graduation	
Since, date		date		Since, date		date		
OTHER INFORMATION ABOUT THE FAMILY	Total number of children in the household			Social security numbers of the family's other children under the age of 18 (ddmmyy)				
	Other children in municipal or private day care, where?							
CHILD'S MEDICAL STATE	Does the child have a long-term illness, injury or allergy? If so, what? (addendum)				Does the child have regular medication? If so, what?			
DESIRED FORM OF DAYCARE	<input type="checkbox"/> Day-care center				<input type="checkbox"/> Group family daycare			
	<input type="checkbox"/> Day-care at Puukoulu for preschoolers							
	Part-time care		No <input type="checkbox"/>		Daily time of care (o'clock)		Full-time care	
		Yes <input type="checkbox"/>				No <input type="checkbox"/>		
						Yes <input type="checkbox"/>		
						Daily time of care (o'clock)		

DESIRED PERIOD OF DAYCARE	Daycares desired starting date	Number of care days per month	Period when care is required (if known)
NEED FOR NIGHTTIME CARE	Need for nighttime care	No <input type="checkbox"/>	Period when care is required
		Yes <input type="checkbox"/>	
NEED FOR SATURDAY CARE	Need for saturday care	No <input type="checkbox"/>	Period when care is required
		Yes <input type="checkbox"/>	
NEED FOR SUNDAY CARE	Need for sunday care	No <input type="checkbox"/>	Period when care is required
		Yes <input type="checkbox"/>	
CHILD HOME CARE ALLOWANCE			No <input type="checkbox"/>
Have you also applied for child home care allowance regarding the child in question?			Yes <input type="checkbox"/>
PHOTOGRAPHY PERMIT			No <input type="checkbox"/>
Is the day-care allowed to take pictures of your child?			Yes <input type="checkbox"/>
FURTHER INFORMATION			
INFORMATION PROVIDER'S SIGNATURE			
I GUARANTEE THE ABOVE INFORMATION TO BE CORRECT AND AGREE FOR THEM TO BE VERIFIED			
Date and place		Signature and print name	