

TAMPEREEN KAUPUNKI

Hallintoyksikkö/Erityispalvelut
 Asiakasmaksut/Varhaiskasvatus
 Address: PL 487, 33101 TAMPERE

Received _____ / _____

Serial Number _____

CLIENT FEE FORM**(New Client)****Please fill a separate form for each child and preschooler**

Name of the child	Social Security Number	Daycare Center / Family Daycare

Other children under 18 years

Name of the child	Social Security Number	Daycare Center / Family Daycare

Parent/Guardian 1:	Social Security Number
e-mail:	Tel
Parent/Guardian 2:	Social Security Number
e-mail:	Tel

Choose A or B. Section C has to be filled always**A) WE AGREE TO PAY THE HIGHEST CATEGORY FEE**

No income documents are sent. Our day care fee can be charged by the highest rate. This consent is valid until a new form is filled or day care ends.

B) THE FEE WILL BE DETERMINED BASED ON OUR HOUSEHOLD'S INCOME

Income information will be given below.

Declare your household's gross income. Gross income means income before taxes etc. are deducted. Attach documentation showing your households main income source (e.g. most recent pay slips of parents/guardians). You may be required to provide further documentation if the income information is deemed incomplete. Giving false income information or withholding said information may result in a retroactively increased day care fee for a maximum period of one year. If the children of the household have income, declare them at the end of the form.

Income type	Parent/Guardian 1:	Parent/Guardian 2:
Salary/wage (do not include vacation bonus)		
Fringe benefits		
Unemployment allowance €/day		
Maternity/Paternity allowance €/day		
Other allowance/benefit, specify		
Received alimony per child		
Other income, specify		

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	Parent/Guardian 1:	Parent/Guardian 2:
Other income, specify		
Paid alimony		

C) Starting date

____ / ____ ____

 Whole day daycare Preschool 4 hours/day Daycare not more than 20 hours/week Preschool + daycare not more than 5 hours/day Half day daycare not more than 5 hours/day Preschool + daycare more than 5 hours/day Agreement days ____/month

(valid for at least 5 months)

I consent to receiving official decisions concerning children's daycare service and fees as electronic messages to the Early Education's Online Service. The parent/guardian will be notified of a decision arriving in the Online Service via SMS to the mobile number stated in this form. The parent/guardian is responsible for updating his/her contact information upon possible changes. The City of Tampere must be immediately informed of any changes in contact information by a written announcement or through the Online Service.

I confirm that the information I have given on this form is correct and that the information will be checked if needed. False or withheld income information may lead to retroactively increased day care fee for a maximum time of one year.

Tampere

____ / ____ ____

Parent's/Guardian's signature

Further information Mon - Fri 9 - 11 am tel. 040 180 8476, asiakasmaksut.paivahoito@tampere.fi