

**TAMPEREEN KAUPUNKI**

Kasvatus- ja opetuspalvelut
Asiakaspalvelu, PL 487, 33101 Tampere

SERVICE APPLICATION

- Application
 Amendment

Received _____

Child personal information	Last name		First names	
	Social security number		Nationality / mother tongue	
	Municipality		Address and post code	
Guardians, including relationships	Name of guardian		Name of spouse or common-law spouse	
	Social security number		Social security number	
	Employer / Study place		Employer / Study place	
	Tel (Work / study)	Tel (Home)	Tel (Work / study)	Tel (Home)
	E-mail		E-mail	
Details of additional children	Names and personal identity codes of children under the age of 18 resident at the same address			
Service requirement	<input type="checkbox"/> Full-time (> 5hrs / day) <input type="checkbox"/> Part-time (<5hrs / day) <input type="checkbox"/> After pre-school day care		<input type="checkbox"/> 10 days / month <input type="checkbox"/> 15 days / month	
Care provider	Name of facility		Placement to commence on	
Income statement	<input type="checkbox"/> Acceptance of maximum day care fee class <input type="checkbox"/> Income statement attached for purposes of determining service voucher value. Documents will not be returned. If an income statement is not included in the application, the highest day care fee class will be set			
Amendments	Please advise the Early Childhood Education Case Management Unit without delay of any changes to your circumstances that may affect the value of your service voucher without delay. These include changes to the size of your family, level of service required as well as income.			
<input type="checkbox"/> I consent to receiving official decisions concerning children's day care 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 above. The parent/guardian is responsible for updating her/his 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.				
Signed	I confirm that all the information submitted is accurate -and authorise it to be verified. Date ____ / ____ _____ Signature of guardian/spouse _____			

Service vouchers are available from the start of the calendar month in which the application was submitted to the Early Childhood Education Case Management Unit.