



CITY OF RAUMA  
PO BOX 59, Kalliokatu 1  
26101 RAUMA

**APPLICATION/SERVICE VOUCHER  
FOR PRIVATE DAY-CARE SERVICES**

Application received by, date:

\_\_\_\_\_

1 Day-care place and type applied for	<input type="checkbox"/> DAY-CARE CENTRE _____ <input type="checkbox"/> FAMILY DAY CARE _____ <input type="checkbox"/> APPLICATION FOR PRE-SCHOOL EDUCATION _____		<input type="checkbox"/> FULL-DAY CARE <input type="checkbox"/> PART-DAY CARE (5 hours or less) <input type="checkbox"/> PART-WEEK CARE _____ DAYS/MONTH ON AVERAGE	
	Day-care required in addition to pre-school education _____ h/day			
2 Child's personal details	Surname and first names		Personal ID number	
	Street address		Post code and town	
	Home telephone number		Contact details during child's day-care	
3 Personal details of the persons having custody of the child	Mother or co-habiting partner (name)		Father or co-habiting partner (name)	
	Personal ID number	Occupation	Personal ID number	Occupation
	<input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Shift work <input type="checkbox"/> Irregular working hours		<input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Shift work <input type="checkbox"/> Irregular working hours	
	Duration of studies: _____ <input type="checkbox"/> Fixed-term work, duration: _____		Duration of studies: _____ <input type="checkbox"/> Fixed-term work, duration: _____	
4 Work and studies of the persons having custody of the child	Working hours:		Working hours:	
	Employer/Educational establishment (name, address, telephone)		Employer/Educational establishment (name, address, telephone)	
	<input type="checkbox"/> I have custody of the child <input type="checkbox"/> I do not have custody of the child		<input type="checkbox"/> I have custody of the child <input type="checkbox"/> I do not have custody of the child	
5 Family relations	<input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated/divorced		Family size (children over 18 years of age are not taken into account):	
	Names and dates of birth of children under 18 years of age living at home		Siblings in municipal day-care, name	
	Allergies, illnesses or other disabilities (basis for higher-value service voucher)		Expert statement enclosed <input type="checkbox"/>	
6 Child's health				
7 Further information				
8 Signature	I/we declare that the information given is correct and I/we agree that the information will be verified with the appropriate authorities.			
	Date    /    20    Signatures of guardian(s): _____			
9 For office use	Care/pre-school education place:		Day-care/pre-school education starts _____ ends _____	
	Group No. childminder's ID No.	Type of care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Shift days	Family size
	Approved by    date    §	Total €	Approved by    date    §	Total €