



You can also complete this form online at [www.kela.fi/asiointi-yhteistyokumppanit](http://www.kela.fi/asiointi-yhteistyokumppanit) (in Finnish) or [www.fpa.fi/etjanst-samarbetspartner](http://www.fpa.fi/etjanst-samarbetspartner) (in Swedish), if you have a Business ID (Y-tunnus / FO-nummer).

More information is available at [www.kela.fi/yhteistyokumppanit](http://www.kela.fi/yhteistyokumppanit) (in Finnish) or [www.fpa.fi/samarbetspartner](http://www.fpa.fi/samarbetspartner) (in Swedish).



If you have questions, please call our customer service number [www.kela.fi/yhteystiedot-yhteistyokumppanit](http://www.kela.fi/yhteystiedot-yhteistyokumppanit) (in Finnish) or [www.fpa.fi/kontakta-oss-samarbetspartner](http://www.fpa.fi/kontakta-oss-samarbetspartner) (in Swedish)



Please make sure to complete the form carefully. We may request further information as needed. Send the form by mail. The address is Kela, PL 10, 00056 KELA.

- i** This form is to be completed by private providers of early childhood education and day care providers engaged under a contract of employment.

### 1. Provider of early childhood education

Private provider of early childhood education

- Day care centre
- Family day care provider
- Group family day care
- Day care provider engaged under a contract of employment. Ask your employer to send a copy of the employment contract to Kela.

- i** State your Business ID (Y-tunnus / FO-nummer) if you have one.

Business ID or personal identity code    Type of company

Care provider's name

Street address

Postal code

Postal district

Name of the person in charge of the case

Phone number

E-mail

- i** If the provider of early childhood education has not been entered in the tax withholding register, Kela withholds taxes on the allowance paid to the provider.

Has the provider of early childhood education been entered in the tax withholding register?

- Yes     No

### 2. Payment details

Bank account number

Reference number

### 3. Claimant

Name of claimant (parent or other legal guardian)

Date of birth

#### 4. Details on early childhood education

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In this section, report all children in the same family who are in the same early childhood education facility.

The day care fee must be reported as the actual total amount per child as specified in the day care agreement or the contract of employment.

##### 1. Name of the child

Date of birth

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Early childhood education starting from or for the period \_\_\_\_\_ – \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in early childhood education \_\_\_\_\_ hours per week.

##### 2. Name of the child

Date of birth

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Early childhood education starting from or for the period \_\_\_\_\_ – \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in early childhood education \_\_\_\_\_ hours per week.

##### 3. Name of the child

Date of birth

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Early childhood education starting from or for the period \_\_\_\_\_ – \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in early childhood education \_\_\_\_\_ hours per week.

##### 4. Name of the child

Date of birth

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Early childhood education starting from or for the period \_\_\_\_\_ – \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in early childhood education \_\_\_\_\_ hours per week.

##### 5. Name of the child

Date of birth

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Early childhood education starting from or for the period \_\_\_\_\_ – \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in early childhood education \_\_\_\_\_ hours per week.

## 5. Day care fee/provider wage during holidays

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Is a day care fee or provider wage paid during holidays?

Yes  No

Period of holiday \_\_\_\_\_ - \_\_\_\_\_

Amount of day care fee \_\_\_\_\_ €.

## 6. Notification to the municipal authorities

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Have the municipal authorities been notified as specified in the Act on Children's Day Care?

Yes, a notification has been made. \_\_\_\_\_

To which municipality? \_\_\_\_\_

A notification will be made later.

To which municipality? \_\_\_\_\_

## 7. Approval of the municipal authorities

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**i** Details filled in by the municipal authority. This section is completed only if it concerns a day care provider engaged under a contract of employment. Every new contract of employment is approved separately by the municipality.

The municipal authority has approved payment of the allowance to a day care provider engaged under a contract of employment.

Yes. When? \_\_\_\_\_

Place and date

Signature, printed name and official position

## 8. Additional information

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**i** Write the number of the section you are referring to.

## 9. Signature of the provider of early childhood education

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I declare that the information I have given is true and accurate. I will notify any changes.

**i** The provider of early childhood education is liable to report any changes in the day care of the child.

Place and date

Signature