



You can also complete this form online at [www.kela.fi/asiointi](http://www.kela.fi/asiointi) (in Finnish) or [www.fpa.fi/etjanst](http://www.fpa.fi/etjanst) (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).



Please make sure to complete the form carefully. We may request further information as needed.

You can send the form by mail [www.kela.fi/by-mail](http://www.kela.fi/by-mail)



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).



This form is to be completed by private day care providers.

## 1. Day care provider

Private day care provider

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.



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



If the day care provider has not been entered in the tax withholding register, Kela withholds taxes on the allowance paid to the provider.

Has the day care provider been entered in the tax withholding register?

Yes

No

## 2. Payment details

Account number

Reference number

## 3. Claimant

Name of claimant (parent or other legal guardian)

Date of birth

#### 4. Child care details

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**i** In this section, report all children in the same family who are in the same day care facility.

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

##### 1. Name of the child

Date of birth

Day care starting from/for the period \_\_\_\_\_ - \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in care \_\_\_\_\_ hours per week.

##### 2. Name of the child

Date of birth

Day care starting from/for the period \_\_\_\_\_ - \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in care \_\_\_\_\_ hours per week.

##### 3. Name of the child

Date of birth

Day care starting from/for the period \_\_\_\_\_ - \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in care \_\_\_\_\_ hours per week.

##### 4. Name of the child

Date of birth

Day care starting from/for the period \_\_\_\_\_ - \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in care \_\_\_\_\_ hours per week.

##### 5. Name of the child

Date of birth

Day care starting from/for the period \_\_\_\_\_ - \_\_\_\_\_

Day care fee \_\_\_\_\_ €/month.

Time in care \_\_\_\_\_ 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

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## 8. Additional information

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

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## 9. Signature of the day care provider

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

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

Place and date

Signature