

APPLICATION

Sibling supplement to private day care allowance

- Attach a copy of the early childhood education agreement you have made with the service provider.
- Also attach a copy of the decision the Social Insurance Institution of Finland (Kela) to grant private day care allowance.

Confidential (Act on the Status and Rights of Social Welfare Clients, section 14)

SIBLING SUPPLEMENT TO PRIVATE DAY CARE ALLOWANCE

A sibling supplement to private day care allowance is paid to families residing in Espoo starting from their second child, if more than one child attends a day care centre, group family day care or family day care at the home of the caregiver, for which private day care allowance has been granted. The sibling supplement is also available for families whose children attend private day care mentioned above while at least one sibling of these children attends municipal or outsourced early childhood education. The sibling supplement equals 50% of the early childhood education fees that the service provider collects from the family, but not more than EUR 144/month.

As a rule, the sibling supplement is paid for the siblings of the youngest child in the family, to the siblings' private early childhood education provider. Exception: if the youngest child attends a private day care centre, group family day care or family day care at the home of the caregiver but the older siblings attend municipal or outsourced early childhood education, the sibling supplement is paid to the youngest child's early childhood education provider.

One of the child's parents or guardians fills in the application for the sibling supplement. However, the supplement is always paid directly to the private caregiver or day care provider. For the allowance to be paid, the service provider must be committed to subtracting the sum corresponding to the allowance from the invoices it sends to the family. The sibling supplement may be granted retroactively for a maximum of 6 months (cf. Kela). The decision is made for a maximum of one year (1 August to 31 July) at a time

Send the application to the Financial Management unit of the Education and Cultural Services at **Education and Cultural Services / Financial Management / Sibling supplement, P.O. Box 30, 02070 CITY OF ESPOO**. If the form is incomplete, we will return it to the child's guardian.

INFORMATION ON THE RECIPIENT

Name of parent or another guardian	Personal identity code
Address	
Telephone number and email address	

DETAILS OF ALL CHILDREN WHO ATTEND A MUNICIPAL, OUTSOURCED OR PRIVATE DAY CARE CENTRE, GROUP FAMILY DAY CARE OR DAY CARE AT THE HOME OF THE CAREGIVER

Name	Personal identity code	Early childhood education provider
Name	Personal identity code	Early childhood education provider
Name	Personal identity code	Early childhood education provider
Name	Personal identity code	Early childhood education provider

DETAILS OF THE CHILDREN'S EARLY CHILDHOOD EDUCATION PROVIDER(S)

Name of the day care centre/caregiver	Address	
Contact person	Email address	Telephone
Name of the day care centre/caregiver	Address	
Contact person	Email address	Telephone

APPLICATION

I apply for the sibling supplement for the following period (dd Month yyyy–dd Month yyyy): _____ – _____.

DATE AND SIGNATURE

I assure that the information above is correct and will notify the Education and Cultural Services immediately when my child ceases to receive early childhood education from this provider. I authorise the City of Espoo to pay the sibling supplement to private day care allowance directly to the service provider.

Date	Signature and name in block letters
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Date received: _____