Received Recipient

**CHANGE IN A CHILD’S NEED FOR EARLY CHILDHOOD EDUCATION SERVICES**

In case of a permanent change in a child’s need for early childhood education services, the new service need must be agreed on with the head of the day-care centre/family day care coordinator. The notification must be given in advance and will be valid from the beginning of the next month.

If the selected range of early childhood education hours is exceeded in two consecutive months or three times in six months, a new higher range will be assigned.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s information** | **Child attending early childhood education** | | **Location of early childhood education** |
| **New service need** | **Change starting from (not earlier than at the beginning of the next calendar month):** | | |
| 🞏 early childhood education  🞏 early childhood education, round-the-clock care  🞏 early childhood education, extended care  🞏 early childhood education as a supplement to preschool education | | |
| **Amount of early education per month**  🞏 0–84 h/month, client fee 55% of full payment  🞏 85–117 h/month, client fee 70% of full payment  🞏 118–150 h/month, client fee 85% of full payment  🞏 More than 150 h/month, client fee 100% of full payment  **Early childhood education hours required as a supplement to preschool education**  🞏 0–45 h/month as a supplement to preschool education, client fee 35% of full payment  🞏 46–84 h/month as a supplement to preschool education, client fee 55% of full payment  🞏 85–117 h/month as a supplement to preschool education, client fee 70% of full payment  🞏 118–150 h/month as a supplement to preschool education, client fee 85% of full payment  **Information stored in the early childhood education database Varda (Act on Early Childhood Education and Care 540/2018, Section 65)**  Select the suitable alternatives:  🞏 The length of the children’s day in early childhood education occasionally or constantly exceeds 5 h per day.  🞏 The child attends early childhood education daily on weekdays (Mon–Fri every day).  🞏 Neither alternative is applicable. | | |
| Please return the form to the head of your day-care centre/family day care coordinator.  **Also report your income data to the client payment secretary in case there are changes.** | | | |
| **Signature** | **Date** | **Parent/guardian’s signature** | |
|  | **Name in print** | |

**Welfare and Educational Services, Early Childhood Education**

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