



- Notification of Family Information Change       Notification of Change in Early childhood Education Need  
 Notification of Terminating Care               Notification of Parental Leave

I agree/we agree to electronic notification of decisions about client fees and placement of municipal and private early childhood education. Information about the arrival of the decision will be sent to the e-mail address provided. The decision can be viewed through online services with bank credentials/mobile certificate.

<b>CHILD/ CHILDREN INFORMATION</b>	Child's Name		Social Security Number	Early Childhood Education Unit
<b>CHANGES IN GUARDIAN/ GUARDIANS INFORMATION</b>	1. Guardian's Name (this name will be on the invoice)		2. Name of the other guardian, spouse or partner living in the same household	
	Social Security Number	Phone Number	Social Security Number	Phone Number
	Current workplace or place of study		Current workplace or place of study	
	Email Address		Email Address	
	Home address, postal code and city			
<b>CHANGE IN FAMILY RELATIONS - to be filled only if there has been a change</b>	Change will be effective from ____ / ____ 20 ____			
	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Cohabitation	<input type="checkbox"/> Widow
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Registered Partnership
	<b>A New Family Member Information</b>			
	Name		Name	
Social Security Number		Social Security Number		
Number of persons living in the same household _____				
<b>NOTIFICATION OF PARENTAL LEAVE PERIOD</b>	Parental Leave starts ____/____ 20____ and ends ____/____ 20____			



<b>CHANGE IN NEED OF CARE</b>	Change will be effective starting from ____ / ____ 20 ____ . A lesser care need and a lower client fee can be assigned only if the period lasts at least three months. Client fee will change starting from the beginning of the following month.		
Child's Name	Child's Name	Child's Name	Child's Name
<input type="checkbox"/> Full-Time Care (over 5h/day) <input type="checkbox"/> Part-Time Care (max. 5h/day) <input type="checkbox"/> 1-10 days/month <input type="checkbox"/> 11-15 days/month <input type="checkbox"/> Over 15 days/month <input type="checkbox"/> Pre-Primary Education (4h/day) <input type="checkbox"/> Pre-Primary Education (4h/day) with Early Childhood Education  <input type="checkbox"/> Early Morning Care (starting before 6 a.m.) and Evening Care (ending after 5.30 p.m.) <input type="checkbox"/> Night and Weekend Care <input type="checkbox"/> Early Morning, Evening, Night or Weekend Care need ends  <b>Club:</b> <input type="checkbox"/> 1 day/month <input type="checkbox"/> 2 days/month <input type="checkbox"/> 3 days/month	<input type="checkbox"/> Full-Time Care (over 5h/day) <input type="checkbox"/> Part-Time Care (max. 5h/day) <input type="checkbox"/> 1-10 days/month <input type="checkbox"/> 11-15 days/month <input type="checkbox"/> Over 15 days/month <input type="checkbox"/> Pre-Primary Education (4h/day) <input type="checkbox"/> Pre-Primary Education (4h/day) with Early Childhood Education  <input type="checkbox"/> Early Morning Care (starting before 6 a.m.) and Evening Care (ending after 5.30 p.m.) <input type="checkbox"/> Night and Weekend Care <input type="checkbox"/> Early Morning, Evening, Night or Weekend Care need ends  <b>Club:</b> <input type="checkbox"/> 1 day/month <input type="checkbox"/> 2 days/month <input type="checkbox"/> 3 days/month	<input type="checkbox"/> Full-Time Care (over 5h/day) <input type="checkbox"/> Part-Time Care (max. 5h/day) <input type="checkbox"/> 1-10 days/month <input type="checkbox"/> 11-15 days/month <input type="checkbox"/> Over 15 days/month <input type="checkbox"/> Pre-Primary Education (4h/day) <input type="checkbox"/> Pre-Primary Education (4h/day) with Early Childhood Education  <input type="checkbox"/> Early Morning Care (starting before 6 a.m.) and Evening Care (ending after 5.30 p.m.) <input type="checkbox"/> Night and Weekend Care <input type="checkbox"/> Early Morning, Evening, Night or Weekend Care need ends  <b>Club:</b> <input type="checkbox"/> 1 day/month <input type="checkbox"/> 2 days/month <input type="checkbox"/> 3 days/month	

Need for early childhood education ends \_\_\_\_ / \_\_\_\_ 20 \_\_\_\_ and the client fee will stop on the last day of care. If the notification of end of care takes place afterwards, the placement of care is considered to have ended only on the notification date.

Date and Guardian's Signature

\_\_\_\_ / \_\_\_\_ 20 \_\_\_\_

Date and Recipient's Signature

\_\_\_\_ / \_\_\_\_ 20 \_\_\_\_