Reset form

Kela

Information form
Private day care allowance
Day care provider

WH 2e

You can also file the application and related documentation online: www.kela.fi/english.

Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

ⓘ 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

ⓘ State your Business ID (Y-tunnus / FO-nummer) if you have one. If you are a day care provider engaged under a contract of employment, state only your personal identity code.

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 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

ⓘ 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

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

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

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

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

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

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 or approval of the Regional State Administrative Agency

Have the municipal authorities been notified as regards the operations of the day care centre, family day care or group family day care as specified in the Act on Children's Day Care?

☐ Yes, a notification has been made on _____

To which municipality? _____

☐ A notification will be made later.

To which municipality? _____

Has a private day care centre that started operations after 1 January 2023 been approved by the Regional State Administrative Agency?

☐ Yes, approval was granted on _____

☐ No

7. Approval of the municipal authorities

ⓘ 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? _____

A contract of employment has been approved in the municipality for the period _____ – _____

Place and date

Signature, printed name and official position

8. Additional information

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

9. Signature of the provider of early childhood education

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

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

Place and date

Signature and printed name