

ECEC EXTENT OPTIONS

| Your child's | s name | |
|---|---|--|
| Daycare ce | entre / group family daycare | |
| Change in | early childhood education and care extent from/20 | |
| For a child before age of preschool | | |
| My child needs | Early childhood education and care extent Hours/week (Hours/month) | Percent of a fee for full time |
| | 0–20 hours/week (max 86 h/month) | 60 % |
| | 20–25 hours/week (max 107 h/month) | 70 % |
| | 25–35 hours/week (max 150 h/month) | 80 % |
| | 35–50 hours/week (max 210 h/month) | 100 % |
| A preschool-aged child (preschool is free of charged) | | |
| My child needs | Early childhood education and care extent Hours/week (Hours/month) | Percent of a fee for full time |
| | 0-20 hours/week (max 86 h/month) | 60 % |
| | 20–25 hours/week (max 107 h/month) | 70 % |
| | 25-35 hours/week (max 150 h/month) | 80 % |
| The need is correspond | pased on a written agreement about the need for early childhood educe and absence are notified electronically on Monday two weeks before the followed up for a period of three months, and then the agreement cals to the need. When calculating the average time the child participate per week, the time reserved for early childhood education during a calculation. | ne actual need. In be changed so that it Is in early childhood |
| / | 20 Guardian's signature | |

The application will be returned to Customer service office Lovinfo, Mariankatu 12 A, Loviisa (open weekdays 9 am to 4 pm) or sent to Loviisan kaupunki/Varhaiskasvatus, PL 77, 07901 Loviisa