

CITY OF HELSINKI Private early childhood education

Sibling compensation

Application for the operating year 2025-2026

Confidential, Act on the Openness of Government Activities (621/1999) section 24.1.32 k

Information on the applicant (concerned party)

Name of the guardian	Personal identity code	
If the children listed below have different guardians, you must submit two applications at the same time containing the information of the different guardians and indicate in the additional information field whose guardian the applicant is.		
Address	Municipality of residence	
Email address	Phone number	
All children in the family attending private early childhood education		
Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare caregiver)		
Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare caregiver)		
Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare	caregiver)	



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Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare caregiver)		
The application must be accompanied by appendices provided by the private early childhood education provider(s).		
All children in the family attending municipal early child	hood education	
Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare caregiver)		
Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare caregiver)		
Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare caregiver)		
Child's name	Date of birth	
Does the child live at the same address as the guardian completing this application?		
Child's place of early childhood education (daycare centre / family daycare caregiver)		



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Additional information		
Authorization and signature		
Authorisation With my signature I authorise the City of Helsinki to pay the sibling compensation to the private early childhood education service provider. I hereby declare that the information provided in this application is correct and I consent to the verification of this information. I also commit to informing the City of Helsinki's Education Division immediately if the information provided in the application changes in any respect.		
Date	Guardian's signature and name in block letters	
Please submit the application to City of Helsinki Register O	o the City of Helsinki Register Office at the address:	

City of Helsinki Register Office PO Box 10, 00099 City of Helsinki (Street address: Pohjoisesplanadi 11–13)

You can also submit your application to the Register Office electronically, see instructions below. www.hel.fi/en/decision-making/how-to-submit-documents-to-the-register-office

The compensation application and its attachments must be received by the Register Office no later than on 31 December 2025. However, if one of the children in the family does not start early childhood education until after 1 December 2025, the compensation application may be submitted to the Register Office within three (3) months of the child starting early childhood education.