



Family and Income Report

Date _____

In order to assess the correct child care fees for your family, we ask you to please fill in this form and return it as soon as possible.

Parent or guardians name and address.			Parent or guardians name and address.		
Personal number	Home telephone	Work phone	Personal number	Home telephone	Work phone
<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Parent leave	<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Parent leave
<input type="checkbox"/> Self employed	<input type="checkbox"/> Unemployed, certificate from A-kassa attached		<input type="checkbox"/> Self employed	<input type="checkbox"/> Unemployed, certificate from A-kassa attached	
Employer/Company/School			Employer/Company/School		
Marital status					
<input type="checkbox"/> Married and living together		<input type="checkbox"/> Married and living separately		<input type="checkbox"/> Unmarried, living together	
				<input type="checkbox"/> Single	

Child's Information (Fill in for your child placed in PAL as well as any siblings) Note: Obligatory information!

Child's first and last name	Personal number	Placement: Name of child's care facility. (Day car, after school care, etc.)

Monthly income before tax

	Parent/Guardian #1: Income per month	Parent/Guardian #2: Income per month
Gross income, including vacation remuneration and other remunerations related to employment	Date: _____ _____	Date: _____ _____
Foster parents remuneration	_____	_____
Income from employment abroad (Included while a joint household is maintained, even if you are a resident of another country.)	_____	_____
Income from pension (excluding child's pension)	_____	_____
Taxable annuity income	_____	_____
Parental leave or illness remuneration	_____	_____
Child care remuneration (tax-exempt portion)	_____	_____
Unemployment benefits	_____	_____
Activity remuneration	_____	_____
Activity support grant	_____	_____
Base amount (from Alfa-kassa)	_____	_____
Study support received with regards to employment training.	_____	_____
Family support funds for military service	_____	_____
Total to be used to calculate child care fees:	_____	_____

Receiving financial support under the Social Services Act Yes

No income declaration. I / We accept the highest fee amount. Yes

The information in this form will be registered in a database. The information will be treated in accordance with the Swedish personal information laws. (PUL)

Declaration and signature

I hereby declare that the information contained in this form is correct. I have read the rules regarding child care fees. (Barnomsorgstaxa). I am aware of my duty to report any changes that can effect my child care fees and I agree that the information herein may be verified with my employer or relevant government agency.

Date

Signature

Signature

Administrator:

Telephone: