

Programmes for the promotion of equal opportunities
Application for financial support to cover costs of extra-school care and facilities

Applicant	Personal data	
<input type="radio"/> Father <input type="radio"/> Mother		
Surname		First name
Address (Street, etc.)		
Postcode	Town	
Phone office:		Phone home:
E-mail		
Faculty		
Job position/title	Percentage of working time %	

Are you alone in exercising parental authority? yes no

Why do you want to register your child for extra-school care?

Co-applicant (may not be USI employee)	<input type="radio"/> Father <input type="radio"/> Mother	
Job position/title		
Percentage of working time %		
Address (Street, etc.)		
Postcode	Town	
Phone office		Phone home
E-mail		

Data Child / Children requiring placement in day care	Personal data (first child)	
Surname		
First name		
Date of birth		
Address (Street, etc.)		
Postcode	Town	
Attending the following extra-school care and facilities:		
<input type="radio"/> extended hours infant school		
At the following day-care centre:		
During the following period from : to:		
In the following hours from : to:		
Charged the following (indicative) fee		CHF
<input type="radio"/> canteen		
At the following day-care centre:		
During the following period from : to:		
In the following hours from : to:		
Charged the following (indicative) fee		CHF

social after-school

At the following day-care centre:

During the following period from : to:

In the following hours from : to:

Charged the following (indicative) fee CHF

activities during summer holidays

At the following day-care centre:

During the following period from : to:

In the following hours from : to:

Charged the following (indicative) fee CHF

Personal data (second child)

Surname | First name

Date of birth

Address (Street, etc.)

Postcode | Town

Attending the following extra-school care and facilities:

extended hours infant school

At the following day-care centre:

During the following period from : to:

In the following hours from : to:

Charged the following (indicative) fee CHF

canteen

At the following day-care centre:

During the following period from : to:

In the following hours from : to:

Charged the following (indicative) fee CHF

social after-school

At the following day-care centre:

During the following period from : to:

In the following hours from : to:

Charged the following (indicative) fee CHF

activities during summer holidays

At the following day-care centre:

During the following period from : to:

In the following hours from : to:

Charged the following (indicative) fee CHF

Personal data (third child)

Surname	First name
Date of birth	
Address (Street, etc.)	
Postcode	Town

Attending the following extra-school care and facilities:

extended hours infant school

At the following day-care centre:		
During the following period	from :	to:
In the following hours	from :	to:
Charged the following (indicative) fee		CHF

canteen

At the following day-care centre:		
During the following period	from :	to:
In the following hours	from :	to:
Charged the following (indicative) fee		CHF

social after-school

At the following day-care centre:		
During the following period	from :	to:
In the following hours	from :	to:
Charged the following (indicative) fee		CHF

activities during summer holidays

At the following day-care centre:		
During the following period	from :	to:
In the following hours	from :	to:
Charged the following (indicative) fee		CHF

Household's relevant income	Combined Gross annual income of the family
Father's salary*	CHF
Mother's salary*	CHF
Alimonies received	CHF
Social benefits (infant child allowance, welfare, etc.)	CHF
Studentships	CHF
Other income (please specify)	CHF
Total gross annual revenue of the family	CHF
Any admissible allowances	
For maintenance payments	CHF
Statutory payments	CHF
For dependent children not placed in schools or day-care centres	CHF
Other (please specify)	CHF
Total admissible allowances	CHF
Relevant income for fixing amount payable	CHF

* Please indicate your gross annual salary, including 13th-month pay, and bonuses or commissions if applicable

Enclosed	Documents to be enclosed with your application
<input type="checkbox"/> Copy of the enrolment form and of the day-care centre's letter notifying amount payable	
<input type="checkbox"/> For each applicant, the latest detailed pay advice showing all income matching parents' written note	
<input type="checkbox"/> For single parents who exercise sole authority (not cohabiting) a declaration of revenues (including maintenance/alimony).	

I confirm that the above information is complete and truthful	Place and date
	Signature of Applicant

Once you have fully and clearly completed the form, please return it to the following address	Servizio per le pari opportunità Dr. Arianna Carugati-Giuglano Via G. Buffi 13 6904 Lugano	Tel. 058 666 4612 Fax 058 666 4647 arianna.carugati@usi.ch www.equality.usi.ch
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