

APPLICATION

Early childhood education in addition to pre-primary education

The guardians have agreed to apply for a place in early childhood education in addition to pre-primary education for their child and filled in this application form accordingly.

Application arrived on _____

Please return this application to:
Early childhood education service counselling
P.O. Box 3125, 02070 City of Espoo

Confidential (Act on the Openness of Government Activities, section 24)

CHILD'S INFORMATION

Last name and first names		Personal identity code
Address	Home language	

FAMILY'S INFORMATION

Guardian's name	Personal identity code
Address (if not the same as the child's address)	Telephone

Guardian's name	Personal identity code
Address (if not the same as the child's address)	Telephone

THE CHILD'S CURRENT PRE-PRIMARY EDUCATION PROVIDER

The child will receive early childhood education in the same unit.

NEED FOR EARLY CHILDHOOD EDUCATION

My child needs early childhood education for the following period (dd Month yyyy – dd Month yyyy): —	Duration of daily early childhood education, including pre-primary education (start and end time)
<input type="checkbox"/> Full-time early childhood education	<input type="checkbox"/> Part-time early childhood education (max. 5 hours/day)
<input type="checkbox"/> Evening care until o'clock	<input type="checkbox"/> Round-the-clock care <input type="checkbox"/> Weekend care

NEED FOR SUPPORT (This refers to a need for support measures that have been verified through specialist statements.)

My child needs the following support:

ADDITIONAL INFORMATION

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DATE AND APPLICANT'S SIGNATURE

I certify that the information I have given is correct.	
Date	Guardian's signature
Date	Guardian's signature

The privacy notices of the City of Espoo are available at [espoo.fi/privacynotices](http:// espoo.fi/privacynotices) (Articles 13 and 14 of the General Data Protection Regulation of the European Union, 2016/679).