

CHILD'S BASIC DATA

Last and first names (underline the first name used)

Personal ID number

Home address, postal code, municipality

Residence municipality

In case the child's address should change before the school starts, fill in also the information below:

Future address, postal code, municipality

Future address is valid starting from

PUBLICATION OF CHILD'S PHOTO

 Child's photo may may not be published in after-school activities organiser's publications.

 Child's photo may may not be published in internet.

 Child's photo may may not be published in media.

SCHOOL AND CLASS (if known)
LEGAL GUARDIAN/GUARDIANS

Last and first names

Last and first names

Home address, postal code, municipality

Home address, postal code, municipality

 Address for invoicing

 Address for invoicing

Mobile phone

Work phone

Mobile phone

Work phone

E-mail address

E-mail address

Employer/school and daily working/studying hours

Employer/school and daily working/studying hours

PREFERRED AFTER-SCHOOL ACTIVITIES PLACE

Preferred after-school activities place (obligatory): _____

In case there is no place available in the preferred place, the child can be placed in another after-school activities place nearby

 My child may not be placed in another after-school activities place than the preferred one.

If the preferred place is full, the child will remain waiting for the place in the preferred after-school activities place.

AFTER-SCHOOL ACTIVITIES ARE ORGANISED DURING SCHOOL DAYS

In period 9.8.2018–31.5.2019

After-school activities are needed starting from:

___ / ___ _____

The need for after-school activities will end:

___ / ___ _____

Daily need for after-school activities

After-school activities starts at the earliest 12 o'clock

ending at _____

Weekly need for after-school activities:

- 1–20 hours per week (100€)
- more than 20 per week (120€)

In case the parents cannot be reached, who can be contacted (name, phone, address):

- The child may go home alone
- The child will be picked up

Who have the permission to pick up the child from the club:

OTHER INFORMATION

Child's allergies or chronic diseases:

Child's special needs and possible concerns:

Child's phone number (if the child has own phone):

- Child's matters can be dealt in cooperation with school, pupil welfare or guidance clinic

I assure that the information submitted is correct

Place, date, signature and name in block letters: