

Child's information			
Child's last and first names (underline the first name used)		Child's date of birth (day/month/year) or Finnish identity number	
Home address, postal code and municipality of residence			
School		Class	
If the child's address will change before school starts, please fill in the following information as well:			
Future address, postal code and municipality		Future address is valid starting from	
Guardians' information			
Last name and first name		Last name and first name	
Home address, postal code and municipality		Home address, postal code and municipality	
E-mail address		E-mail address	
<input type="checkbox"/>	This is the address for invoicing (the guardians may divide the invoice in half if they wish)	<input type="checkbox"/>	This is the address for invoicing (the guardians may divide the invoice in half if they wish)
Mobile phone	Work phone	Mobile phone	Work phone
Employer/school and daily work/study hours		Employer/school and daily work/study hours	
Preferred location of after-school activities			
Preferred location of after-school activities (optional): _____			
<input type="checkbox"/>	If there is no place for my child in the preferred location, a place from another group in a nearby school may be offered. If there is only one location for after-school activities in the school's area, the child will be put on the waiting list.		
<input type="checkbox"/>	I am only applying for a place for my child in the preferred location of after-school activities. If it is full, the child will be put on the waiting list and will not be given a place in another group in a nearby school.		

HYVINVOINNIN PALVELUT

A place in after-school activities is needed starting from: ____ / ____ ____ The need for after-school activities will end: ____ / ____ ____	Daily need for after-school activities Starting at _____ (time) Ending at _____ (time)
Weekly need for after-school activities	
<input type="checkbox"/>	1–20 hours per week
<input type="checkbox"/>	More than 20 hours per week
In case the parents cannot be reached, who can be contacted if necessary (name, phone and address):	
<input type="checkbox"/>	The child may go home alone from after-school activities
<input type="checkbox"/>	The child will be picked up from the after-school activities
Who may pick the child up from the after-school activities (name and phone):	
Other information that should be known at after-school activities	
E.g. the child's special diet, allergies, illnesses, medication or other special needs, possible causes of concern	
E.g. the child's strengths, special skills, interests or knowledge etc.	
<input type="checkbox"/>	My child has a special care programme (EHO) (A decision made by Siun sote based on the Act on Special Care for the People with Intellectual Disabilities (519/1977) §2, the EHO must be attached to the application form)
<input type="checkbox"/>	My child has extended compulsory education
<input type="checkbox"/>	A decision related to special support has been made for my child
Child's phone number (if the child has his or her own phone):	
<input type="checkbox"/>	Cooperation may be done with the school, student care or healthcare in matters relating to my child.
I certify that the information submitted is correct Date, signature and name in block letters (GUARDIAN 1):	I certify that the information submitted is correct Date, signature and name in block letters (GUARDIAN 2):

Submitting the application by post:

Joensuun kaupunki
Hyvinvoinnin palvelut

Hakemus iltapäivätoimintaan (Application for after-school activities)

PL 59

80101 Joensuu

Submitting the application by e-mail:

koulutuspalvelut@joensuu.fi