

EARLY CHILDHOOD EDUCATION AND TRAINING CENTER

Child's data				(tick the correct option)	
Last and first names (underline the first name used)		Personal ID number		<input type="checkbox"/> girl <input type="checkbox"/> boy	
Home address		Postal code	Municipality		
Residence municipality (1 st August)	Citizenship (if not of Finland)	Native language		Date of immigration	
Religious denomination <input type="checkbox"/> ev.lutheran <input type="checkbox"/> orthodox <input type="checkbox"/> resident registry <input type="checkbox"/> other, which: _____					

Legal guardian or guardians			(tick the correct option)	
Name		<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other	Home phone	
Address (if other than child's)			Work phone	
Personal ID number	E-mail address	Employer/School		
Name		<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other	Home phone	
Address (if other than child's)			Work phone	
Personal ID number	E-mail address	Employer/School		
<input type="checkbox"/> joint custody <input type="checkbox"/> single parent, mother <input type="checkbox"/> single parent, father <input type="checkbox"/> other legal guardian				
<input type="checkbox"/> The child/guardian has a protection order Address for sending mail to the guardian _____				
<input type="checkbox"/> Our address will change/has changed ____ / ____ 20 ____ New address: _____				

Need for day care in addition to the pre-school education
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> We apply for day care place for our child
Child's current kindergarten or other day care place: _____ <input type="checkbox"/> Starting from ____/____20__
<input type="checkbox"/> Need for evening care <input type="checkbox"/> Need for shift care <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Siblings under school age (name, date of birth, current day care place and the possible wish for day care place)

Primary pre-school education place:

We register our child in pre-school education in kindergarten/school of local school area

Preferred pre-school education place: _____

Our child needs special support

Expert statement attached to the form/submitted to kindergarten or to Early childhood education and training center

Psychological/medical examination not completed

We apply pre-school education place for our child in the School of Eastern Finland

We apply pre-school education place for our child in Joensuu Steiner School (Steiner kindergarten)

Other information and wishes (child's special needs, health issues, allergies, support services)

In Joensuu ____/ ____ 20____

Guardian's signature

The application is to be submitted to Early childhood education and training center by Friday, 18.12.2020, address Varhaiskasvatuksen palveluohjaus, Länsikatu 15, 4B, 2. krs, 80100 Joensuu, write on the envelope: "Hakemus esiopetukseen" (Application for pre-school education)