

EARLY CHILDHOOD EDUCATION APPLICATION

Application arrived on _____ Recipient

Saved on _____



Child's personal information	Last name		First names		
	Date of birth (day/month/year) or Finnish identity number		Municipality where registered		
	Street address		Post code and post office		
	Native language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> other, please specify _____ Language spoken at home _____ Date of immigration _____ Country of birth _____				
Personal information of the guardians living in the same household	Guardian 1: last name		First names		Date of birth (day/month/year) or Finnish identity number
	Telephone		Email address		Place of study / workplace
	Guardian 2 or Guardian 1's spouse		First names		Date of birth (day/month/year) or Finnish identity number
	Telephone		Email address		Place of study / workplace
Family relation	<input type="checkbox"/> marriage <input type="checkbox"/> common-law marriage <input type="checkbox"/> unmarried <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widow <input type="checkbox"/> other guardian				
Guardianship	<input type="checkbox"/> joint custody <input type="checkbox"/> single parenthood <input type="checkbox"/> child placed in the family <input type="checkbox"/> notification to the joint custody parent				
	If the child has a joint custody parent who lives at another address, the guardian submitting the application must ensure that the other guardian is notified of the submission of the early childhood education application. The decision will only be delivered to the applicant.				
Guardian 2 living at another address	Last name		First names		Date of birth (day/month/year) or Finnish identity number
	Address		Email address		Telephone
Other family members under the age of 18	Name		Date of birth (day/month/year) or Finnish identity number		Day-care placement
Current early childhood education place	<input type="checkbox"/> Municipal, please specify _____			<input type="checkbox"/> A carer at home	
	<input type="checkbox"/> Private, please specify _____			<input type="checkbox"/> Cared for by the parent	
Desired early childhood education place	1st alternative		2nd alternative		3rd alternative
	WISHES CONCERNING THE EARLY CHILDHOOD EDUCATION PLACE ARE CONSIDERED WHEN POSSIBLE				
Need for early childhood education	Desired start date of the early childhood education _____ 20____				
	Daily hours of care <input type="checkbox"/> standard _____ - _____ <input type="checkbox"/> between _____ and _____ <input type="checkbox"/> need for evening care <input type="checkbox"/> need for nonstandard hour care			early childhood education hourly limits: <input type="checkbox"/> 0–88 h/month (60%) <input type="checkbox"/> 89–120 h/month (70%) <input type="checkbox"/> 121–140 h/month (80%) <input type="checkbox"/> more than 141 h/month (100%)	

