

APPLICATION FOR EARLY CHILDHOOD EDUCATION

Information about the child	Full name:	Personal identity number:	Language: <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> other:
	Address:	Postal code:	Municipality:
Information of the family	Full name (Parent or other person who has the custody of a child):	Personal identity number:	Phone:
	Work place/Study place	E-mail	
	Full name (Parent or other person who has the custody of a child):	Personal identity number:	Phone:
	Work place/Study place	E-mail	
	Primary choice for early childhood education:	Secondary choice for early childhood education:	
	<input type="checkbox"/> Jyväskylänpuisto Daycare	<input type="checkbox"/> Jyväskylänpuisto Daycare	
	<input type="checkbox"/> Särkelä Daycare	<input type="checkbox"/> Särkelä Daycare	
Early childhood service needs	Preferred start date for daycare:	The daily time for early childhood education:	
	<input type="checkbox"/> maximum of 84 h/month	<input type="checkbox"/> maximum of 107 h/month	<input type="checkbox"/> Shiftwork (including nights or/and weekends for both parents)
	<input type="checkbox"/> maximum of 130 h/month	<input type="checkbox"/> maximum of 150 h/month	
<input type="checkbox"/> over 150 h/month			
Additional information/ Other children of the family			
Signature	Date, place and signature		
Received	Date and the signature of the Head of Early Childhood Services		