

Submit your application to the nearest municipal early childhood education unit or by post to Early Childhood Education / Service Guidance, P.O. Box 3125, 02070 CITY OF ESPOO

## **Application, Early childhood** education

## Application received, date

## Confidential

(Act on the Openness of Government Activities, section 24, subsection 1, paragraph 25)

CHILD					
Last name	First names		Personal identity code		
Street address		Postal code and city/town			
GUARDIAN(S)					
Last name	First names		Personal identity code		
Street address		Postal code and city/town			
Email address			Telephone number		
Last name	First names		Personal identity code		
Street address		Postal code and city/town			
Email address	Telephone number				
UNDER 18-YEAR-OLD CHILDREN LIVING	IN THE SAME HOU	JSEHOLD			
Child's last name	Child's first nar	me	Personal identity code		
NEED FOR SERVICES					
Start of early childhood education Please note that you have to reserve about 1–2 v Your desired start date should be the date when familiarisation period. Early childhood education to charged for the duration of the familiarisation period.	your child stays at the fees will not be charge	day care centre without a guardia	n for the first time after the		
Desired start date	Urgent application (You must provide a document as proof of employment or the start of new studies)				
Start and end time of early childhood education	(xx:xx–xx:xx)	·			
Indicate the hours of early childhood education uearly childhood education starts.	sually needed by your	child. The hours will be specified	in the service agreement when		
Full-time early childhood education	P	Part-time (max. 5 hours/day and 25	5 hours/week)		
Shift care Shift care is intended for children whose both gua	ardians do shift work o	r mainly study in the evening and/	or at weekends.		
Your application must include a document issued	l by your amplayor san	corning your shift work or a dearer	nent issued by a representative of your		

PREFERRED FORM OF EARL	Y CHILDHOOD	EDUCATION		
Preferred form of early childhood				
Municipal early childhood edu	cation	Service voucher	Club	
Preferred units, write the unit's nar	ne below			
1.				
2.				
3.				
APPLICATION BASED ON SIE				
The sibling principle applies to an e childhood education starts.  Only add this information if you are	-		ibling has a place when t	he child's early
I request that my child be pla	ced in the same	unit as their sibling		
Sibling's name				Personal identity code
Early childhood education unit				
Need for support				
My child needs support for de Support is provided as part of early ensure that your child's needs are	y childhood educa		a special needs teacher	will contact you. This will
Additional information				
AGREEMENT ON APPLYING F	OR EARLY C	HILDHOOD EDUCATION		
You have to agree on applying for e	arly childhood ed	lucation with the other guardian.		
We have agreed on submittin			not been able to agree o	on submitting the application.
<b>DELIVERY OF DECISION</b> You will be informed of the decision activate the Messages service at su <b>DATE AND SIGNATURE</b> I certify that the information I have g	iomi.fi/messages.		e information on your dec	cision online, please
Date	Guardian's sig	nature and name in block letters		
Date	Guardian's sig	nature and name in block letters		
The information on the form will be a data is provided in line with the Gen available at espoo.fi/privacynotices  NOTES BY CITY OFFICIALS	eral Data Protect	tion Regulation of the European U	Inion (2016/679). The Cit	on the processing of a client's ty of Espoo's privacy notices are