

## APPLICATION FOR EARLY CHILDHOOD EDUCATION

Information	Full name:	Personal identity	Language:
about the child		number:	
			Finnish Swedish
			_
			other:
	Address:	Postal code:	Municipality:
Information of	Full name (Parent or other person	Personal identity	Phone:
the family	who has the custody of a child):	number:	THORIC.
the failing	who has the custody of a child).	number.	
	Work place/Study place	E-mail	
	Full name (Parent or other person	Personal identity	Phone:
	who has the custody of a child):	number:	
	, ,		
	Work place/Study place	E-mail	
	Work place/Study place	L-IIIaii	
		<u> </u>	
	Primary choise for early childhood	Secondary choise for early	y childhood
	education:	education:	
	Jyvälänpuisto Daycare	☐ Jyvälänpuisto Daycare	
	Cärkelä Devesare	Cärkelä Devesare	
	Särkelä Daycare	Särkelä Daycare	
		<del>_</del>	
Early	Preferred start date for daycare:	The daily time	for early childhood education:
childhood			
service needs			
	maximum of 84 h/month	maximum of 107 h/mont	h Shiftwork
	maximum of 130 h/month	maximum of 150 h/mont	h (including nights
	over 150 h/month		or/and weekends
			for both parents)
Additional			
information/			
Other children			
of the family			
Signature	Date, place and signature		
Jigilatul <del>C</del>	Date, place and signature		
Received	Date and the signature of the Head of E	Early Childhood Sarviosa	
IVGCEIACA	Date and the signature of the fread of t	Larry Criticaliood Services	