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|-----------------|
| Date of arrival |
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APPLICATION FOR DAY CARE

Day care services

Välskärintie 2 C.4th floor
PO Box 20, 23501 Uusikaupunki
050 383 5654, 050 420 5174

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|---|--|--|--|
| PERSONAL INFORMATION OF THE CHILD | First name: | Last name: | Personal identification Number: |
| | Street address: | | Postal number and Post office: |
| | Locality: | First Language : | |
| PERSONAL INFORMATION OF THE CUSTODIAN | Custodian (mother or father) | | |
| | First Name: | Last Name: | Personal ID Number: |
| | Telephone: | Email: | |
| Marital status | common-law marriage <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> other <input type="checkbox"/> | | |
| Custody | sole custody <input type="checkbox"/> joint custody <input type="checkbox"/> | | |
| Employer/educational institution | Shift work Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Income | Will not be provided and I will accept the highest payment category Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| PERSONAL INFORMATION OF OTHER FAMILY MEMBERS | Additional person (spouse or common-law spouse) living in the same household: | | |
| | First name: | Last name: | Personal ID number: |
| | Other children under the age of 18 who are living at home | | |
| | First name: | Last name: | Personal ID number |
| | | | |
| | | | |
| CURRENT CARE PROVIDER | Day care <input type="checkbox"/> Family day care <input type="checkbox"/> | Name of care provider/day care: | |
| | Group family day care <input type="checkbox"/> Home care Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| REQUESTED TYPE OF DAY CARE, CARE PROVIDER AND TIME | Requested type of day care | Care provided by | Requested place: |
| | Part-time care (under 5 hrs) <input type="checkbox"/> | Day care center <input type="checkbox"/> | |
| | Full-time care (over 5 hrs) <input type="checkbox"/> | Family day care <input type="checkbox"/> | |
| | Preschool full-day care <input type="checkbox"/> | Group family day care <input type="checkbox"/> | |
| Preschool part-day care <input type="checkbox"/> | | | |
| Requested start date | Daily time of care: From | until | Shift care needed yes <input type="checkbox"/> no <input type="checkbox"/> |
| | Do you have a car? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| CHILD'S HEALTH | Short description of special needs (if necessary), any known long-term illnesses, allergies and possible statements from psychologist and/or family clinic. Any other information related to child's health. | | |
| | Medication <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| SIGNATURE | I hereby certify that all beforementioned is accurate and I give my consent to verify the information. Date Signature | | |



UUDENKAUPUNGIN KAUPUNKI
Center of educational services

APPLICATION FOR PRESCHOOL

Date of arrival

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|---|--|---------------------------------|---|
| PERSONAL INFORMATION OF THE CHILD | First name: | Last name: | Personal identification number: |
| | Street address: | Postal code and postal address | |
| PERSONAL INFORMATION OF CUSTODIAN | Custodian (mother or father) | | |
| | First name: | Last name: | Personal ID number |
| | telephone: | email: | |
| PERSONAL INFORMATION OF OTHER FAMILY MEMBERS | Additional person (spouse or common-law spouse) living in the same household: | | |
| | First name: | Last name: | Personal ID number: |
| | Other children under the age of 18 who are living at home | | |
| | First name | Last name | Personal ID number |
| | | | |
| REQUESTED PRESCHOOL AND START DATE | Type of day care | Requested location | Do you have a need for day care in addition to preschool preschool + partial day care <input type="checkbox"/> under 5 hrs preschool. + full day care <input type="checkbox"/> over 5 hrs no need for day care <input type="checkbox"/> |
| | Day care center <input type="checkbox"/> | | |
| | Group family day care <input type="checkbox"/> | | |
| | Start date: | | |
| CURRENT CARE PROVIDER | Day care <input type="checkbox"/> Family day care <input type="checkbox"/> Group family day care <input type="checkbox"/> Home care Yes <input type="checkbox"/> No <input type="checkbox"/> | Name of care provider/day care: | |
| CHILD'S HEALTH | Short description of special needs (if necessary), any known long-term illnesses, allergies and possible statements from psychologist and/or family clinic. Any other information related to child's health. | | |
| | Medication <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| ALLEKIRJOITUS | I hereby certify that all beforementioned is accurate and I give my consent to verify the information. Date Signature | | |