



Place of preschool education	<input type="checkbox"/> Tiilikangas <input type="checkbox"/> Satuvakka		<input type="checkbox"/> Leivola <input type="checkbox"/> Kontinjoki		<input type="checkbox"/> Kämpymetsän vuoropäiväkoti (Kämpymetsä shift care) <input type="checkbox"/> Other		
	Preschool pupil	Surname		Forenames		Calling name	
		Social security number		Gender		Native language	
		Home address					Nationality
		Postcode and town					Religion <input type="checkbox"/> Population Registry Centre <input type="checkbox"/> Evangelical Lutheran Church <input type="checkbox"/> Orthodox Church <input type="checkbox"/> Other
Phone number/guardian		Municipality of residence					
Siblings	Years of birth of the other children of the family						
Guardians	<input type="checkbox"/> Guardian 1's name		<input type="checkbox"/> Guardian 2's name		Social security number	Mobile phone	
	Street address				E-mail address	Work phone	
	<input type="checkbox"/> Guardian 1's name		<input type="checkbox"/> Guardian 2's name		Social security number	Mobile phone	
	Street address				E-mail address	Work phone	
	Other guardian's name				Social security number	Mobile phone	
	Street address				E-mail address	Work phone	
Early childhood education	The upcoming way to school (one way) _____ km						
	Previous place of early childhood education _____						
	The child needs a place in early childhood education in addition to preschool education (please fill in a separate application) <input type="checkbox"/> no <input type="checkbox"/> yes, Where? _____						
Allergies	<input type="checkbox"/> no <input type="checkbox"/> yes, What? _____						
Need for special assistance	<input type="checkbox"/> CP / other physical disability		<input type="checkbox"/> Problems with language development		<input type="checkbox"/> Developmental delay		
	<input type="checkbox"/> Other, what? _____		<input type="checkbox"/> Hyperactivity / attention deficit				
	Other considerations, What ? _____						
	Our child is attending <input type="checkbox"/> Speech therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Some other therapy, What? _____ <input type="checkbox"/> Music therapy <input type="checkbox"/> Physiotherapy _____ <input type="checkbox"/> Our child is not attending any of the above						
Family's partners in early childhood education	Wishes regarding preschool education _____						
	Our family is currently a customer of		<input type="checkbox"/> Family work		<input type="checkbox"/> Social work		
	<input type="checkbox"/> Some other partner in early childhood education, which? _____						
	<input type="checkbox"/> Our family is not a customer of any of the partners in early childhood education above						
Date	Signature						