



## ENROLMENT IN MORNING AND AFTERNOON ACTIVITIES FOR PUPILS AT GRADES 1 AND 2, AND PUPILS IN SPECIAL NEEDS EDUCATION

<b>Child's details</b>	Surname and forename		Social security number
	Street address		
	Postcode and town		Home phone number
<b>Guardians' contact details</b>	Surname and forename		Payer of the invoice <input type="checkbox"/>
	Street address		Social security number
	Street address		Daytime phone number
	<input type="checkbox"/> student <input type="checkbox"/> at home <input type="checkbox"/> in employment; workplace _____		working hours _____
	Surname and forename		Payer of the invoice <input type="checkbox"/>
	Street address		Social security number
<b>Child's family situation</b>	The child is living with		Parents have a joint custody
	<input type="checkbox"/> both of his/her parents <input type="checkbox"/> either of his/her parents		<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Application for afternoon activities</b>	Preferred place of activity		The need for activity begins
	1. _____ 2. _____		___/___ 20__
<b>Application for morning activities</b>	In afternoon activities, applying for		
	<input type="checkbox"/> a full-time place <input type="checkbox"/> a part-time place (max 10 days/month) <input type="checkbox"/> a sibling discount <input type="checkbox"/> a fee exemption (separate application with attachments)		
<b>Shift care</b>	Place of activity		The need for activity begins
	1. <input type="checkbox"/> SALMELAN ILTAPÄIVÄKERHON TILAT (SALMELA AFTERNOON ACTIVITIES) 2. <input type="checkbox"/> VUOKATIN ILTAPÄIVÄTOIMINNAN TILAT (VUOKATTI AFTERNOON ACTIVITIES)		___/___ 20__
<b>Details of child's school</b>	In morning activities, applying for		Shift care
	<input type="checkbox"/> a full-time place <input type="checkbox"/> a part-time place (max 10 days/month)		<input type="checkbox"/> on weekdays <input type="checkbox"/> at weekends
<b>Additional information</b>	The child's school		School grade in the autumn
	The child is attending		On matters concerning the child, the staff is allowed to contact the school and health personnel
<b>Signature</b>	<input type="checkbox"/> normal teaching <input type="checkbox"/> small group teaching <input type="checkbox"/> special needs education		<input type="checkbox"/> yes <input type="checkbox"/> no
	Allergies _____		
<b>Signature</b>	Medical conditions, medication _____		
	Is the child allowed to walk home alone _____		
<b>Signature</b>	The need for support for the child _____		
	Sotkamo ___/___ 20__ _____ Guardian's signature		