



APPLICATION FOR EARLY CHILDHOOD EDUCATION

Dear applicant for early childhood education,

This is an application form for early childhood education for persons who do not have Finnish online banking credentials or a personal identity code, or to whom electronic application is otherwise not possible. Please send or submit the form to the manager of the desired location at a time agreed on. You can fill in an electronic application for early childhood education online at <https://asiointi.hel.fi/>.

1. The child's surname		First name(s)	The child's personal identity code		
Street address		Postal code	City		
Home language Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other, please specify					
2. Persons living with the child	The guardian's surname and first name		Last and first name of the other guardian or guardian's spouse		
	Personal identity code		Personal identity code		
	Phone number and email address		Phone number and email address		
	3. Name and contact information of a guardian living at another address If the child has another guardian living at another address, the guardian submitting the application must ensure that the other guardian is aware of the application. The decision will be delivered to both guardians.				
Surname and first name		Personal identity code	Mobile phone		
Street address		Postal code	City		
Language spoken at home Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other, please specify					
4. Need for early childhood education	Start date	For a maximum of 5 hours <input type="checkbox"/>	For a maximum of 7 hours <input type="checkbox"/>	For more than 7 hours <input type="checkbox"/>	Play group, less than 3 h/day <input type="checkbox"/>
	Need for early childhood education Daily <input type="checkbox"/>	Part of the week <input type="checkbox"/>	Irregular <input type="checkbox"/>	Evenings, nights or weekends <input type="checkbox"/>	
Please enter a number to indicate your preferred type of care: 1 = first choice 2 = second choice, etc.					
Daycare centre	Family daycare	Group family daycare	Three-family daycare	Play group	
5. Desired location or area					
1. _____					
2. _____					
3. _____					
6. Other details about the child's early childhood education (such as any allergies, medication, need for special support)					
7. I declare the information I have given to be correct					
Date					
Guardian's signature and name in block letters					

The fee for early childhood education will be charged beginning from the start date confirmed on the decision on early childhood education, and the payment of the home care or private daycare allowance will stop. Your customer data will be recorded in the customer register of the City of Helsinki Education Division. The register description is available online (in Finnish):

<https://www.hel.fi/static/liitteet/kanslia/rekisteriselosteet/Kasko/Kasko-EU-Varhaiskasvatuksen-asiakasrekisteri.pdf>

TO BE FILLED IN BY THE AUTHORITY

Application submission date	Recipient and operative unit
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