



REGISTRATION FOR FREE-OF-CHARGE PRE-SCHOOL EDUCATION

Welfare Services
Early Childhood Education

To _____
Date _____

Information on the child

Name of child _____
Personal identity number _____
Address _____
Postal code and office _____
Citizenship / mother tongue _____
Pre-school education location
(upcoming local school) _____

Need for early childhood education alongside pre-school education yes time _____ no
The child already has a place for early childhood education yes where _____ no
Special diet (Appendix: Form of Kymijoen ruokapalvelut for special diet)
Other remarks (allergies etc.) _____

Additional information (change of sibling's place of early childhood education etc.) _____

Contact information on custodian(s)

Custodian's name (mother/other) _____
Personal identity number _____
Daytime telephone number where can be reached _____
Place of work or study _____ e-mail _____
Custodian's name (father/other) _____
Personal identity number _____
Daytime telephone number where can be reached _____
Place of work or study _____ e-mail _____
Place and date _____

Custodians' signatures (if joint custody, signatures of both are required)

An application for supplementary early childhood education must be made using a separate application for early childhood education if the child does not have a valid placement in early childhood education!