



- Daycare Application
 Preschool Enrollment 4h a day

Need for transportation?

- Yes No

Length of school trip, one way _____ km

- Enrollment for Preschool and Daycare Application

Date of Application (Office holder will fill in)			
1 CHILD'S PERSONAL INFORMATION	Surname, First names		
	Personal Identity	Place of Residence	
	Home Address	Phone Number	
	Language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other, what?	Language at Home	
2 CHILD RESIDES	<input type="checkbox"/> With both parents <input type="checkbox"/> Mother/father <input type="checkbox"/> Somewhere else, where?		
3 FAMILY INFORMATION	Guardians name <input type="checkbox"/> Primary	Personal Identity	Occupation
	Place of Work/Study, Address and Phone number		
	Guardians name <input type="checkbox"/> Primary	Personal Identity	Occupation
	Place of Work/Study, Address and Phone number		
	Other guardian's or adult's contact information		
4 PREFERRED PLACE OF DAYCARE/ PRESCHOOL	<input type="checkbox"/> Kauttua daycare - Preschool and Daycare 1-6yrs		<input type="checkbox"/> Daycare Lemmikki - Preschool and Daycare 1-6yrs
	<input type="checkbox"/> Round-the-clock daycare Euranrinkilä - Preschool and Daycare 1-6yrs		<input type="checkbox"/> Panelia Learning Center - Preschool and Daycare 1-6yrs
	<input type="checkbox"/> Honkilahti Learning Center - Preschool and Daycare 1-6yrs		<input type="checkbox"/> Family Daycare - 1-6yrs

5 NEED OF CARE	Preferred beginning of care, date	Daily hours of care <input type="checkbox"/> Over 5h a day, Full time care
	Care time	<input type="checkbox"/> Under 5h a day, Part time care
	<input type="checkbox"/> Round-the-clock care (night-time/over-night)	<input type="checkbox"/> Need for weekend care
6 TRANSPORTATION	Using of own car possible <input type="checkbox"/> Yes <input type="checkbox"/> No	
7 CHILD'S CURRENT DAYCARE	<input type="checkbox"/> Municipal daycare <input type="checkbox"/> Private daycare <input type="checkbox"/> Caretaker at home <input type="checkbox"/> Parent at home	
8 FAMILY'S OTHER CHILDREN UNDER 18 YRS	Names and Dates of Birth	
9 INFORMATION FOR ORGANISING CARE	<input type="checkbox"/> Round-the-clock (Night-time and Over-night care) Guardians' hours of work/child's need of care	
	<input type="checkbox"/> Other possible information	
10 OTHER INFORMATION	<input type="checkbox"/> Child has a long-term/chronic illness	
	<input type="checkbox"/> Possible special needs	
	<input type="checkbox"/> Allergies (Please deliver a medical certificate for daycare)	
	<input type="checkbox"/> Other remarks	
	Does the child have pets in home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11 SIGNATURE	I assure the information I have given here is correct, and <input type="checkbox"/> I Agree <input type="checkbox"/> I do not agree the information given in this form can be used in liaison with health-, school-, social-, and daycare authorities. Place, Date and Signature	

NOTICE!

- Please deliver the application, and the report on family's income to the Eura office of early care and education, adress: Sorkkistentie 10, 27510 Eura