

Type of application	Recipient to fill in			
Preschool 4 hours	Application received on			
Preschool and early childhood education	Signature of the recipient			
1. Child's details				
Last name	First names (please underline the primary first name)			
	C	I.B. (I. I.		
Personal identity code (if not available, date of birth)	Street address	Postal code	Town or city	
2. Guardian who filled in the appli	ration	'	,	
Last name	First name(s)		/ code (if not available, date	
		of birth)		
Telephone number	Email address	·		
Street address (if different from the child's)	Postal code	Town or city		
3. Other guardian				
Last name	First name(s)	Personal identity code (if not available, date of birth)		
Telephone number	Email address			
Street address (if different from the child's)	Postal code	Town or city	Town or city	
4. Spouse of the guardian living at	: the same address			
Last name	First name(s)	Personal identity code (if not available, date of birth)		
5. Other children of the family und Names and personal identity codes (if not av		t the same address		
6. Preferred options for application	n (preschool unit)			
1.				
2.				
3.				
Requested starting date: Preschool as of / 20 .	Early childhood education as of	/ 20 .		
Postal address: Visiting add City of Oulu, Early Childhood Oulu10	ress: Telephone: 08 558 453		www.ouka.fi	

Enrollment in preschool education



Daily attendance	Need for shift care (more extensive than on weekdays between 6:00 and 18:00). An attachment is required, describing the nature of the shift work.
Time -	Time -
	ildhood education will be concluded with the director of the preschool unit.
i m applying for a place on the basis of si	bling. Sibling's name and personal identity code (if not available, date of birth)
The child's home language	
Allergies, special diet	
The child has a need for support	
No Yes, description of the	need for support:
Expert statement attached Additional information that may affect the	e processing of the application and the application preferences
Address to change as of: /	20 . New address:
7. Date and signatures I certify the	information provided is correct. I agree to the verification of the given information.
Place and date	Signature of the guardian submitting the application
Place and date	Signature of other guardian
The application has been agreed upon joing Yes No	intly by the guardians
of client applications in paper document	the City of Oulu gather the client's personal data into a client register. The client register consists form with any appendices as well as an online system in electronic form. Information about the City of Oulu website. Requests for information should be addressed to the City of Oulu Registry