

Type of application	Recipient to fill in
Pre-primary education 4 hours	Application received on
Pre-primary education and early childhood education	Signature of the recipient

**1. Child's details**

Last name	First names (please underline the primary first name)		
Personal identity code (if not available, date of birth)	Street address	Postal code	Town or city

**2. Guardian who filled in the application**

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	

**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	

**4. Spouse of the guardian living at the same address**

Last name	First name(s)	Personal identity code (if not available, date of birth)
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**5. Other children of the family under 18 years of age living at the same address**

Names and personal identity codes (if not available, dates of birth)

**6. Preferred options for application** (name of pre-primary education unit)

1.

2.

3.

Requested starting date:

Pre-primary education as of            /            20            .            Early childhood education as of            /            20            .

 Postal address:  
 City of Oulu, Early Childhood  
 Education  
 P.O. Box 17, 90015 City of Oulu

 Visiting address:  
 Oulun Ympäristöotalo  
 Solistinkatu 2  
 90140 Oulu

 Telephone:  
 08 558 45300

[www.ouka.fi](http://www.ouka.fi)

PK\_602\_1.3

Daily attendance Time -	Need for extended hours (more extensive than on weekdays between 6:00 and 18:00). An attachment is required, describing the nature of the shift work. Time -
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The service needs agreement for early childhood education will be concluded with the head of the pre-primary education unit.

I'm applying for a place on the basis of sibling. 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 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 jointly by the guardians

Yes No

The early childhood education services of the City of Oulu gather the client's personal data into a client register. The client register consists of client applications in paper document form with any appendices as well as an online system in electronic form. Information about the register and disclosure is available on the City of Oulu website. Requests for information should be addressed to the City of Oulu Registry Office, P.O. Box 27, 90015, City of Oulu.