

Type of application	Recipient to fill in	
Early childhood education	Application received on	Two-week arrangement period expires on
Open early childhood education	Signature of the recipient	Four-month arrangement period expires on

**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)

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**6. Preferred options for application** (name of ECEC centre/ home-based childcare area/ name of open ECEC centre)

1.

2.

3.

Requested starting date: / 20	Urgent application for early childhood education	
	No	Yes, an attachment is required (employer's certificate/study certificate)

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**Need for services**

full-time early childhood education	10 days/month	13 days/month	less than 7h/day	less than 5h/day
private early childhood education				
family club	2-3 times / week club			

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**Daily time of 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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I am applying for a place on the basis of sibling. Sibling's name and personal identity code (if not available, date of birth)

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**The child's home language**

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**Allergies, special diet**

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**The child has a need for support**

No Yes, description of the need for support:

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Expert statement attached

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Additional information that may affect the processing of the application and the application preferences

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Address to change as of: / 20 . New address:

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**7. Date and signatures** I certify the information provided is correct. I consent to the verification of the information provided.

Place and date

Signature of the guardian submitting the application

Place and date

Signature of other guardian

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The application has been agreed upon jointly by the guardians

Yes No

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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.