

Application Early childhood education

Submit your application to
the nearest municipal early childhood education
unit or by post to
Early Childhood Education / Service Guidance,
P.O. Box 3125, 02070 CITY OF ESPOO

Application received, date

Confidential
(Act on the Openness of Government Activities, section 24,
subsection 1, paragraph 25)

CHILD

Last name	First names	Personal identity code
Street address		Postal code and city/town

GUARDIAN(S)

Last name	First names	Personal identity code
Street address		Postal code and city/town
Email address		Telephone number

Last name	First names	Personal identity code
Street address		Postal code and city/town
Email address		Telephone number

OTHER UNDER 18-YEAR-OLD CHILDREN IN THE FAMILY

Child's last name	Child's first name	Personal identity code

NEED FOR SERVICES

Desired start date	Urgent application (You must provide a document as proof of employment or the start of new studies)
Daily hours of early childhood education (xx:xx--xx:xx)	
Full-time early childhood education	Part-time early childhood education (max. 5 hrs per day / 25 hrs per week)
Need for evening and/or round-the-clock care	

Both guardians living in the same household must provide documents to indicate the child's need for evening or round-the-clock care due to their work or studies. Submit documents related to round-the-clock care to: Early Childhood Education / Service Guidance, P.O. Box 3125, 02070 City of Espoo

PREFERRED FORM OF EARLY CHILDHOOD EDUCATION

Preferred form of early childhood education
Municipal early childhood education Service voucher Club
Preferred units, write the unit's name below
1.
2.
3.

APPLICATION BASED ON SIBLING PRINCIPLE

The sibling principle applies if you apply for a place in an early childhood education unit in which the child's sibling has a place when early childhood education starts. Fill in this section only if you are using the sibling principle.

I request that my child be placed in the same unit as their sibling	
Sibling's name	Personal identity code
Early childhood education unit	

SUPPORT FOR CHILD

My child needs support for growth, development and learning. Describe the child's need for support.

ADDITIONAL INFORMATION

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AGREEMENT ON APPLYING FOR EARLY CHILDHOOD EDUCATION

You have to agree on applying for early childhood education with the other guardian.

We have agreed on submitting the application.	We have not been able to agree on submitting the application.
The other guardian only has a right of access to information.	

DELIVERY OF DECISION

You will be informed of the decision through the Suomi.fi service. If you wish to receive information on your decision online, please activate the Messages service at suomi.fi/messages.

DATE AND SIGNATURE

I certify that the information I have given is correct.

Date	Guardian's signature and name in block letters
Date	Guardian's signature and name in block letters

The information on the form will be stored in the City of Espoo's eVaka client information system. Information on the processing of a client's data is provided in line with the General Data Protection Regulation of the European Union (2016/679). The City of Espoo's privacy notices are available at espoo.fi/privacynotices (EU General Data Protection Regulation 2016/679).

NOTES BY CITY OFFICIALS

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