**IMMIGRANT PUPIL APPLICATION**

**FOR EARLY CHILDHOOD EDUCATION**  **FOR PRE-PRIMARY EDUCATION**  **DAY CARE**

EARLY CHILDHOOD EDUCATION SERVICES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL DATA OF THE CHILD** | Last name | | | girl boy |
|
| First and middle name (underline the name used) | | | Date of birth/Personal identity code |
|
| Address | | | Municipality of residence |
|
| Immigration status | | | Place of birth |
| **CONTACT DETAILS OF GUARDIANS** | Official guardian  mother  father other | | | |
| Mother's first name | | Last name | |
|
| Date of birth/Personal identity code | | Telephone and e-mail | |
| Father's first name | | Last name | |
| Date of birth/Personal identity code | | Telephone and e-mail | |
|
| Contact person, telephone and e-mail | | | |
| Guardians' place of work or study | | | |
|
| The guardian needs an interpreter  yes no | | | |
|
| **OTHER INFORMATION** | Native language of the child | Nationality | | Date of moving to Finland |
| Name(s) of sibling(s) | | | |
|  | Early childhood education in Finland | | | |
| Proficiency in Finnish/other languages | | | |
| Special health needs | | | |
| Special dietary needs | | | |
| Other considerations | | | |
| Appendices       (pcs.) | | | |
| **SIGNATURE** | Salo      /      20 | | | |
|
|
|
| Guardian's signature and name in block letters | | | |

Send form to:

Salon Kaupunki, Varhaiskasvatuksen palveluohjaus, PL 77 (Tehdaskatu 2), 24101 SALO

[palveluohjaus.varhaiskasvatus@salo.fi](mailto:palveluohjaus.varhaiskasvatus@salo.fi)