



ECEC APPLICATION

Received: _____, date ____/____/20____

Basic information of the child	First names and family name	Personal identification number
	Address, postal code and city	
	Mother tongue <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Other, which	
	Other languages spoken at home	
	Does the child have a special need, health condition or medication that affects the early childhood education and care arrangements? <input type="checkbox"/> No <input type="checkbox"/> Yes, additional information:	

Basic information of the guardians	Guardian 1 /First names and family name	Personal identification number	
	<input type="checkbox"/> Resident guardian <input type="checkbox"/> Non-resident guardian <input type="checkbox"/> Peripheral guardian <input type="checkbox"/> Substitute guardian		
	Address, postal code and city		
	Phone number	Email	Communication language/Mother tongue
	Employment information	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Work place/Entrepreneur/Study place
	<input type="checkbox"/> I wish that decisions are sent in paper form <input type="checkbox"/> My income information may be checked from the Incomes Register		
	Guardian 2 /First name and family name	Personal identification number	
	<input type="checkbox"/> Resident guardian <input type="checkbox"/> Non-resident guardian <input type="checkbox"/> Peripheral guardian <input type="checkbox"/> Substitute guardian		
	Address, postal code and city		
	Phone number	Email	Communication language/Mother tongue
Employment information	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Work place/Entrepreneur/Study place	
<input type="checkbox"/> I wish that decisions are sent in paper form <input type="checkbox"/> My income information may be checked from the Incomes Register			

ECEC preferences	Desires start date <input type="checkbox"/> The need for ECEC is ongoing
	Need for early childhood education and care on <input type="checkbox"/> Weekdays 6:30-17:00 <input type="checkbox"/> Also early mornings on weekdays 5:30-6:30 <input type="checkbox"/> Also early evenings on weekdays 17:00-18:00 <input type="checkbox"/> Also late evenings on weekdays 18:00-22:00 <input type="checkbox"/> Also weekends and/or nights
	Child needs early childhood education and care hours/week <input type="checkbox"/> 0–20 hours/week <input type="checkbox"/> 20–25 hours/week <input type="checkbox"/> 25–35 hours/week <input type="checkbox"/> 35–50 hours/week
	Child needs early childhood education and care / day <input type="checkbox"/> Full time (over 5 hours/day) <input type="checkbox"/> Part time (under 5 hours/day)
	Current early childhood education and care place <input type="checkbox"/> No current early childhood education and care place <input type="checkbox"/> In another municipality <input type="checkbox"/> In another early childhood education and care place in Loviisa, which one?
	Desired early childhood education and care language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish
	Service form <input type="checkbox"/> Daycare centre <input type="checkbox"/> Group family daycare
	Preferred early childhood education and care places, first choice
	Preferred early childhood education and care places, second choice
	<input type="checkbox"/> Requesting all siblings to be placed in the same place. Note that a separate application needs to be submitted for each sibling.

Additional information	
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The application will be returned to
Customer service office Lovinfo, Mariankatu 12 A, Loviisa (open weekdays 9 am to 4 pm)

or sent to
Loviisan kaupunki/Varhaiskasvatus
PL 77, 07901 Loviisa