APPLICATION 1.8.2024

Application received	
1	20

AFTERNOON ACTIVITIES FOR SCHOOLCHILDREN

Child's contact information	Surname and first name	Social security number	
	Local address		
	Postal code and locality	Home telephone	
	Billing address if different from that above		
	School	Class in the autumn	
Parents'/guar- dians' contact information	Surname and first name Invoice recipient	Social security number:	
	Local address. postal code and locality	Telephone number: daytime	
	Email address		
	Work or study place	Working hours	
	Surname and first name Invoice recipient	Social security number:	
	Local address, postal code and locality	Telephone number: daytime	
	Email address		
	Work or study place	Working hours	
Activity site desired	Uusikaupunki Comprehensive School Saarnisto Kalanti Hakametsä Lokalahti		
	Need for afternoon activity starting (date)		
Departure from afternoon	The child will be picked up from the activity site at (time):		

Other	Carer at home after school day
More information for group formation	Need for possible special support
	Special education decision Yes No
Additional information	Other observations regarding child, allergies, illnesses, medication, etc.
Remarks	Information concerning the child can be given must not be given to the school pupil care staff and therapists
Activity fee	The fee is per month
	3 hours / day over 3 hours / day maximum 10 days
	10-day status is applied in situations where the parents are, for example, in shift work or studying. If the days of care exceed 10, the entire monthly fee is charged (100%).
Signature	I testify to the accuracy of this information and agree to its inspection.
	Date Signature

The applications should be returned to the pupil's school.