

APPLICATION

Application received

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## 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:	
	Address	Telephone number: daytime	
	Email address		
	Work or study place	Working hours	
	Surname and first name Invoice recipient	Social security number:	
	Address	Telephone number: daytime	
	Email address	,	
	Work or study place	Working hours	
Activity site desired	Uusikaupunki Comprehensive School		
	Hakametsä Lokalahti		
	Pyhämaa		
	Need for afternoon activity starting		
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	
	$\frac{3 \text{ hours / day}}{2 \text{ maximum 10 days}} \xrightarrow{3 \text{ hours / day}} 70 \in 70$	
	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	
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The applications should be returned to the pupil's school.