



Information about the child	Last name and the first names		Identity number	
	Address		Postal code and city	
	Name of the school		Grade	
First parent's or guardian's information	Last name	First names		<input type="checkbox"/> Payer of the fee ID number:
	Address	Postal code and City		Telephone number Email
Second parent's or guardian's information	Last name	First names		<input type="checkbox"/> Payer of the fee ID number
	Address	Postal code and City		Telephone Email
Dates of the holiday care	Tick the appropriate boxes and enter the days and daily hours of holiday care below. <input type="checkbox"/> We do not need holiday care during: _____. <input type="checkbox"/> Winter holiday 5-9 Mar 2018 <input type="checkbox"/> Summer holiday 4 Jun – 6 Jul and 30 Jul -8 Aug 2018 <input type="checkbox"/> Autumn holiday 15-19 Oct 2018 During the Christmas time the holiday care is not organized.			
Dates of the holiday care / week	Day/ Month /Year	Time:	Day/ Month/ Year	Time:
	____. - _____.20	__ - __	____. - _____.20	__ - __
	____. - _____.20	__ - __	____. - _____.20	__ - __
	____. - _____.20	__ - __	____. - _____.20	__ - __
	____. - _____.20	__ - __	____. - _____.20	__ - __
Holiday care fee	The fee for holiday care is 200 € /month or 10 €/ day, when child is not among disabled by law.			
More information	Use the reverse side of the form for additional information. Diagnosis: <input type="checkbox"/> Intellectual disability/Autism <input type="checkbox"/> Severe disability, which is _____ Illnesses: Medication: Allergies: Assistive devices: Comments and observations:			
Permission to inform the assistants	Personal information given to the school and disability services can be passed on to special needs assistants: <input type="checkbox"/> Yes <input type="checkbox"/> No			
More information	The service fee will be paid by someone else.			

Please return the application by _____ to the following address: Perusopetuksen iltapäivätoiminta, Vuorikatu 27, piharakennus, 70100 Kuopio. **Transport from home is not provided in conjunction during with holiday care.**

I hereby certify that the information given is correct.

When the signed application is returned, you are obliged to inform us if you wish to cancel the holiday care (two weeks before the starting day).

_____. _____.20

Parent's or Guardian's signature and printed name