



Sunrise Kindergarten

Kuunsäde 3C, 02210 Espoo

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APPLICATION FORM

CHILD'S PERSONAL DETAILS		
Surname	First names	Birthday / Identity Number
Street Address	Postal Code	City / District
Home Phone	Gender <input type="checkbox"/> girl <input type="checkbox"/> boy	Nationality & Mother tongue
FATHER/GUARDIAN		
Surname	First names	Birthday / Identity Number
Street Address	Postal Code	City / District
Mobile / Home phone	Profession	Nationality
Work address		
Email address		
MOTHER/GUARDIAN		
Surname	First names	Birthday / Identity Number
Street Address	Postal Code	City / District
Mobile / Home Phone	Profession	Nationality
Work address		
Email address		
FAMILY DETAILS		
Parental circumstances		
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> cohabiting <input type="checkbox"/> other guardian <input type="checkbox"/> registered partnership		
Guardianship		
<input type="checkbox"/> sole guardianship <input type="checkbox"/> joint guardianship <input type="checkbox"/> child placed in foster care		
CHILD CARE SESSION		
<input type="checkbox"/> Full Time (compulsory for 4 -6 years old) <input type="checkbox"/> Part -time <input type="checkbox"/> 07:45 – 12:15 <input type="checkbox"/> 12:30 – 17:00		

DETAILS OF CHILD'S HEALTH

Is the child on medication?

 No. Yes, please specify

Does the child have the following

 Allergies ,please specify Illness, please specify Disabilities, please specify None of the above**CHILD'S OTHER RELEVANT INFORMATION**

Does the child take nap?

 Yes. No.

What time?

The child is :

 social shy sensitive lively needs attention calm active curious other

Additional information about the child, if any:

What is the child's food preference :

EMERGENCY CONTACT DETAILS

Name

Phone Number

Relation to the child

Relation to the mother

Relation to the father

DATE OF ENROLMENT/NEED OF CHILD CARE OR PRESCHOOL

Starting date

Ending date

I confirm that the above information is correct and I consent to it being verified.

Date and place

Parent's signature