



BASIC EDUCATION MORNING CLUB



APPLICATION

_____ for a morning club in school year 20__ - 20__
(location)

Child's contact information

Last and first name	Personal identity code
Address	
Postal code and town/city	Tel. home
Invoice address, if other than mentioned	
School	Grade in autumn

Guardian's contact information

Last and first name	Personal identity code	
Address	E-mail	Tel. during the day
Last and first name	Personal identity code	
Address	E-mail	Tel. during the day

Additional information for forming the group

Other matters to consider

Other special needs

_____ 20__
Date

Application period ____ 20__ - ____ 20__

Guardian's signature and name in print

Please return this form to the following address: **Turun kaupunki / City of Turku, perusopetuksen aamu- ja iltapäivätoiminta / Basic Education and Afternoon Clubs, PL 355, 20101 Turku** or by e-mail aamujailtapaivatoiminta@turku.fi

FOR THE BEST OF THE CHILD