



# BASIC EDUCATION AFTERNOON CLUBS



## APPLICATION

\_\_\_\_\_ for an afternoon 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

### Guardians' contact information

Last and first name	Payer of the invoice <input type="checkbox"/>	Personal identity code
Address	E-mail	Tel. during the day
Last and first name	Payer of the invoice <input type="checkbox"/>	Personal identity code
Address	E-mail	Tel. during the day

### Afternoon club applied for

Preferred location (and secondary option)		Desired beginning date
1. _____		____.____.20__
2. _____		
(cross the best option)	4-hour afternoon club, until 3 pm _____ <input type="checkbox"/> over 4-hour afternoon club, until 5 pm _____ <input type="checkbox"/>	

### Additional information for forming the group

Other matters to consider

Other special needs

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\_\_\_\_\_ . \_\_\_\_ 20\_\_

Date  
Application period \_\_\_\_ . \_\_\_\_ 20\_\_ - \_\_\_\_ . \_\_\_\_ 20\_\_

\_\_\_\_\_  
Guardian's signature and name in print

Please return this form by 31 March 2018 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 [aamujalltapaivatoiminta@turku.fi](mailto:aamujalltapaivatoiminta@turku.fi)

**FOR THE BEST OF THE CHILD**