

## **CITY OF HELSINKI**

Education Division
Early childhood and
pre-primary education

Use this form to apply for a place in a Swedish-language immersion group for your child.								
☐ I am only applying fo	•	_						
I will also apply for municipal early childhood education if we do not get a place in Swedish-language immersion								
	submitted an appli	ication throug	h the Asti c	nline servi	ce at asti.hel.fi			
I have submitted a separate application form for early childhood education								
My child already has								
☐ My child has siblings in Swedish-language immersion in daycare centre or in school grades 1 and 2								
CHILD for whom I am applying for a place in language immersion								
Surname			Firs	t name				
Date of birth			Personal identity code					
Home address			Post code a	Post code and city				
				rost code and dity				
NEED FOR EARLY CHILDI				-l <b>£</b> :::	<del>4:5</del> ; - d d 4b 4b 4 b			
					e notified whether they get a place by . In this case, your child can get a			
place in a language immersion								
We need an early childhood e	education place in a la	anguage immers	ion group sta	rting from:				
□ Un to 5 hours	□ <i>5</i> to 7	□ More than	7 h a	Regular abse	ences			
☐ Up to 5 hours a day	□ 5 to 7 hours a	□ More than	7 nours	per month (M	on–Fri,			
,	day			number of tim	nes)			
list the Condish Issuers	. i		ها داهاست	مناتا المانيين	to not a place for your shild			
1.	e immersion dayca	are centres in	wnich you	would like	to get a place for your child.			
2.								
3.								
GUARDIANS								
Surname		First name						
		5			1			
Email		Date of birth / p	ersonal ideni	tity code	Telephone			
Home address				Pos	st code and city			
Language for communication				Non-disclo	osure for personal safety			
☐ Finnish ☐ Swedish ☐	I English □ Othe	r, please specify:						
	g	·, p·						
Surname		First name						
Email		Date of birth / p	ersonal iden	tity code	Telephone			
Home address				Po	st code and city			
Language for communication				□ Non-discle	osure for personal safety			
Finnish Swedish English Other, please specify:								

the child has need	ds special support (If yes, a medical statement or similar required)					
statements are enclosed/attached to this application						
	statements will be provided later					
the child has special medical needs						
☐ the child has no no	eed for support					
Additional informa	ation (optional)					
	the electronic service					
□I give my consent	t to using the electronic service					
	Edlevo e-service, you give your consent for the e-service and for receiving the decision in electronic form. After					
this, all your paymer	nt and other decisions concerning your child's early childhood education and pre-primary education will be					
	You can sign in to Edlevo e-service at hel.fi/vakapalvelu or via the Edlevo mobile app, which can be oogle Play and the App Store. You can sign in to the Edlevo e-service using suomi.fi e-Identification.					
	te your contact information in Edlevo. When you update your contact information, the information will also					
become available fo	or the early childhood education or pre-primary education staff. The Edlevo e-service is available in Finnish,					
Swedish and English	h.					
Learn more about it	on the hel.fi website at https://www.hel.fi/en/childhood-and-education/early-childhood-					
education/applying/e	electronic-service-edlevo.					
If you or the child ha	as a non-disclosure agreement for personal safety, the decisions will be sent via secure email.					
Vour customer data	will be registered in the customer data register of the City of Helsinki's Education Division's early childhood					
	The register description can be found in Finnish at: <a href="https://www.hel.fi/static/liitteet-">https://www.hel.fi/static/liitteet-</a>					
2019/Kaupunginkan	nslia/Rekisteriselosteet/Kasko/Varhaiskasvatuksen%20asiakastietoseloste.pdf					
Date	Guardian signature and name in block letters					
0 1 1" " 1						
	orm to Early Childhood Education Service Guidance, Työpajankatu 8, PO Box 58300, 00099 City of a daycare centre manager. You can also email to us via Secure Mail at					
	.fi/?recipient=varepalveluohjaus%40hel.fi.					

## Lisätietoa hakemisesta:

Information on how to apply:

https://www.hel.fi/en/childhood-and-education/pre-primary-education/applying-to-pre-primary-education https://www.hel.fi/en/childhood-and-education/early-childhood-education/applying-for-early-childhood-education

Early Childhood and Pre-primary Education Service Guidance can help you with your application by email: varepalveluohjaus@hel.fi or by telephone on +358 9 310 80488. You can also contact the Education Division's Advisory Service on + 358 9 310 44986.

Fee for early childhood education will be charged from the day the child's early childhood education starts. At the same time, the payment of home care or private care allowance will stop. This date will be indicated in the early childhood education decision.

Your customer data will be registered in the customer data register of the City of Helsinki's Education Division's early childhood education services. The register description can be found in Finnish at: <a href="https://www.hel.fi/static/liitteet-2019/Kaupunginkanslia/Rekisteriselosteet/Kasko/Varhaiskasvatuksen%20asiakastietoseloste.pdf">https://www.hel.fi/static/liitteet-2019/Kaupunginkanslia/Rekisteriselosteet/Kasko/Varhaiskasvatuksen%20asiakastietoseloste.pdf</a>

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To be filled in by the Education Division		
Application submitted date	Recipient and operational unit	