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Jacob's Kindergarten r.y. Address: Sjömansgatan 19, 68620, Jakobstad, Telephone (06) 7237452  
E-mail: jacobs.kindergarten@multi.fi

## APPLICATION

Parents' name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Home/Work. \_\_\_\_\_

E-mail: \_\_\_\_\_

We are applying for a whole day place (7.00-16.30) at Jacob's Kindergarten ry from \_\_\_/\_\_\_ - 20\_\_

The child will arrive at \_\_\_\_\_ and be picked up at \_\_\_\_\_

We are applying for a half day place (8.00-13.00) at Jacob's Kindergarten ry from. \_\_\_/\_\_\_ - 20\_\_

The child will arrive at \_\_\_\_\_ and be picked up at \_\_\_\_\_

We are applying for a part time three days/week (8.00-13.00) at Jacob's Kindergarten ry

from. \_\_\_/\_\_\_ - 20\_\_

The child will arrive at \_\_\_\_\_ and be picked up at \_\_\_\_\_

\_\_\_\_\_  
Place and time

\_\_\_\_\_  
signature of legal guardian

application arrived \_\_\_/\_\_\_ 20\_\_