

Child information

Surname, Given names	Social security number (in full)
Street address	Postal code and address
Has a decision on enhanced or special support been made for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know	Does the child have an allergy or illness that requires attention in the afternoon activities? <input type="checkbox"/> Yes (additional information is given in the preliminary information form) <input type="checkbox"/> No

Guardian information (to whom the invoice is addressed)

Surname, Given names	Social security number (in full)
E-mail address	Phone number
Postal address (if different from the child's)	I will deliver the income statement for payment relief later. <input type="checkbox"/> Yes, I am applying for payment relief. <input type="checkbox"/> I don't deliver. I will pay in full.

Enrollment information

Which after school club are you applying for?	Start date
Time of participating (16.30 is available only for certain schools) <input type="checkbox"/> 12-16.00 <input type="checkbox"/> 12-16.30	Any additional information will be communicated to the afternoon activities coordinator by phone or email.