

Child information

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

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)	<p>I will deliver the income statement for payment relief later.</p> <p><input type="checkbox"/> Yes, I am applying for payment relief.</p> <p><input type="checkbox"/> I don't deliver. I will pay in full.</p>

Enrollment information

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