



„service d'éducation et d'accueil agréé – agrément gouvernemental No SEAJ20150048“

2, am Stawee – L-5215 Sandweiler
 Tél : 35 69 49 41 – Fax : 35 69 49 36
 CCRA LU 31 0090 0000 1215 451

REGISTRATION FORM

Date of registration: _____

Applicant: _____

Desired entry date: _____

Group:

- Crèche (0-2 years)
- Kindergarten (2-4 years)

Placement Requested

- **Full-time** (a full-time position counts for at least 8 hours per day)
- **Half-time** (a half-time position counts for at least 6 hours per day)
- **Part-time** (the child enrolled part-time must be enrolled for at least 2 half-days per week)

	blocs				
	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 - 8:00					
8:00 - 9:00					
11:00-12:00					
12:00-14:00					
14:00-15:00					
15:00-17:00					
17:00-18:00					
18:00-18:30					

The child

Name: _____

First Name: _____

Gender: O male; O female

Address: _____

Municipality: _____

Change of address : _____

Private phone: _____

GSM (mother): _____ GSM (father) : _____

Email: (mother) _____ Email :(father) _____

Birth is expected on: _____

Date of birth : _____ Birthplace : _____

Doctors : Pediatrician: _____ Generalist : _____

Nationality: _____

Languages spoken with the child: _____

Previous Placement: _____

The Parents

Name and surname of the **mother**: _____

Date of birth: _____

Nationality: _____ Languages spoken : _____

Occupation: _____

Employer: _____

Workplace: _____

Work schedule: _____

Tel. work: _____

Name and surname of the **father**: _____

Date of birth: _____

Nationality: _____ Languages spoken : _____

Occupation: _____

Employer: _____

Workplace: _____

Work schedule: _____

Tel. work: _____

Family situation

Parents' marital status: _____

Number of dependent children: _____

By our signature, we confirm, that we are acting legally, that the information provided is complete, truthful and in accordance with the law.

Date and Place _____, on ____ / ____ / _____

Signature of persons with the right to education (mother/father):

Remarks:
