



ENROLMENT FORM

CYCLE 1 EARLY CHILDHOOD EDUCATION - 2020/2021

Name of the child _____

First name of the child _____

Address _____
(house number and street)

_____ (postcode and town)

Home phone number _____

Mobile phone of the **mother** _____ Work phone number _____

E-mail of the **mother** _____

Mobile phone of the **father** _____ Work phone number _____

E-mail of the **father** _____

Language(s) spoken at home _____

The child understands the Luxembourgish language yes no

The child speaks the Luxembourgish language yes no

The child attended a day-care center or crèche yes no

Note concerning the health of the child (allergies and others) _____

_____ (date)

_____ (signature)

Name and first name of the undersigned in capitals _____
in her (his) capacity as mother father legal guardian

Please return the form to the population office of the municipality.

The child is automatically accepted. A registration confirmation will not be initiated.

The collected data is only used for school organisation.