



## ENROLMENT FORM

### CYCLE 1 EARLY CHILDHOOD EDUCATION - 2021/2022

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.**