



ANNEX 2

Information Sheet

GARDERIE & STUDY CENTRE

EARLY CHILDHOOD CENTRE

*To be completed by the parent having a statutory link with the Institution
and returned to the secretariat of the*

Early Childhood Centre (CPE)
1, rue Albert Borschette
L - 1246 Luxembourg - Kirchberg

Garderie Study Centre
tick the corresponding box

CHILD

Surname: *

First name: *

Sex: * M F

Date of birth: *

Nationality: *

** compulsory fields*

Requested start date: *

ATTENDANCE * *(tick the corresponding box)*

full-time part-time once a week
 school holidays temporary arrangement

(See Article 3(6) of the Regulation)

PARENT HAVING A STATUTORY LINK WITH THE INSTITUTION

father
 mother
 child's legal guardian

Surname: *

First name: *

Home address (full) : *

Home telephone: *

PARENT HAVING A STATUTORY LINK WITH THE INSTITUTION (2)

Mobile: *				
Nationality: *				
Marital status: *	single	<input type="checkbox"/>	married	<input type="checkbox"/>
	widowed	<input type="checkbox"/>	separated	<input type="checkbox"/>
	divorced	<input type="checkbox"/>	cohabiting	<input type="checkbox"/>
Nb of dependent children: *				
Institution : *				
Staff n°: *				
Grade/step: *				
Office address: *				
Office telephone: *				
Contract deadline date of employment: *				

** compulsory fields*

INCOME : * (supporting documents annexed)

Net salary of	father	<input type="checkbox"/>
	mother	<input type="checkbox"/>
	child's legal guardian	<input type="checkbox"/>
	<i>tick the corresponding box</i>	
Amount:		
	€	

Net salary of the spouse or life partner:

Amount:	
	€

Any maintenance salaryments:

Amount:	
	€

TOTAL :	
	€

I hereby declare on my honour that the information provided is true.

Luxembourg (date) :

Signature