



**APPLICATION FOR ADMISSION**  
**GARDERIE**

**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**

The undersigned: \*  
 acting in the capacity of \*

the child's father	<input type="checkbox"/>
mother	<input type="checkbox"/>
legal guardian	<input type="checkbox"/>

\* *compulsory fields*

*tick the corresponding box*

asks for the admission of my child to the Study Centre:

Child's surname: \*  
 First name: \*

**PARENT HAVING A STATUTORY LINK WITH THE INSTITUTION**

Home address: \*  
 Home telephone: \*  
 Mobile: \*  
 Institution : \*  
 Staff n°: \*  
 Grade/step: \*  
 Office telephone: \*  
 E-mail address: \*  
 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"/>

Nbr of dependent children:\*

\* *compulsory fields*

**SPOUSE OR LIFE PARTNER OF THE PARENT HAVING A STATUTORY LINK WITH THE INSTITUTION**

Surname:  
 First name:  
 Nationality:  
 Telephone:  
 Mobile:  
 E-mail address:  
 Employer:  
 Employer 's address:

**CHILD**

Surname: \*

First name: \*

Date of birth: \*

Mother tongue: \*

Second language spoken:\*

European School: \*

Lux 1

Lux 2

Language section at the

European School:\*

Class attended in the

European School as of the

new school year in

September \*

(Eg :one nursery school)

\* *compulsory fields*

<b>Requested start date: *</b>	<input type="text"/>
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**ATTENDANCE** \* (tick the corresponding box)

full-time

part-time

once a week

school holidays

temporary arrangement

(See Article 3(6) of the Regulation)

<b>Garderie</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Total nbr per week
Morning <i>(non educated child)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon <i>(non educated child)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon <i>(educated child)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*tick the corresponding box*

**LUNCH AT CPE**

	Monday	Tuesday	Wednesday	Thursday	Friday	Total nbr per week
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food allergy

yes

no

*tick the corresponding box*

**ACCOMPANIMENT FROM THE EUROPEAN SCHOOL TO THE GARDERIE**

After school	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*tick the corresponding box*

**PERSON(S) TO BE NOTIFIED AND AUTHORISED TO COLLECT THE CHILD:\*** (*in case of absence of the parents*)

*PERSON 1*

Surname:  
First name:  
Home address:  
Home telephone:  
Office telephone:  
Mobile:


*PERSON 2*

Surname:  
First name:  
Home address:  
Home telephone:  
Office telephone:  
Mobile:


*PERSON 3*

Surname:  
First name:  
Home address:  
Home telephone:  
Office telephone:  
Mobile:


**AUTHORISATION: \***

**I, the undersigned,** (surname and first name of the parent or legal guardian of the child):

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**confirm that I have read and understood the rules on admission to and operation of the Early Childhood Centre and accept the conditions.**

**Luxembourg, (date)**

**Signature**

*\* compulsory fields*