

Crèche Louklëppelcher

Maison 84
L-9768 Reuler

+ 352 27800-603
direction.clou@elisabeth.lu
clou.elisabeth.lu

Form SEA-02

This form **pre-registers** your child on our waiting list. Depending on availability, we will contact you promptly to clarify a possible admission.

Child's personal data

Name	(Due) Date of birth / /
First name	Current childcare
Address	Registration requested from / /
L-	Age at admission months / years

Frequency of enrolment

- () fixed enrolment (*annual enrolment, the schedule does not vary during school weeks*)
 () variable registration (*monthly enrolment, the schedule may vary from week to week*)
 () occasional enrolment (*the child only attends on certain days during the month*)

		Monday	Tuesday	Wednesday	Thursday	Friday
Timetable	07h00-08h00					
	08h00-10h00					
	10h00-12h00					
	12h00-14h00					
	14h00-16h00					
	16h00-18h00					
	18h00-19h00					

Legal guardians			
Legal guardian 1		Legal guardian 2	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Surname		Surname	
First name		First name	
Address _____ L- _____		Address _____ L- _____	
Private phone		Private phone	
Mobile phone		Mobile phone	
Email		Email	
Employment status		Employment status	
Working hours/week: _____		Working hours/week: _____	
<input type="checkbox"/> enrolled in ADEM		<input type="checkbox"/> enrolled in ADEM	
<input type="checkbox"/> maternity/parental leave from _____ to _____		<input type="checkbox"/> maternity/parental leave from _____ to _____	
<input type="checkbox"/> student		<input type="checkbox"/> student	
<u>Comments:</u>		<u>Comments:</u>	
Preferred language of communication : <input type="checkbox"/> LU <input type="checkbox"/> FR <input type="checkbox"/> DE <input type="checkbox"/> EN			
Place		Date	
		_____ Signature of legal guardian	

For administrative use	
Form submitted	on ____/____/____ at _____ a.m. / p.m.
Submitted (via/by/in)	<input type="checkbox"/> email <input type="checkbox"/> post <input type="checkbox"/> hand <input type="checkbox"/> letterbox vestibule _____