



Crèche « Am Beienhaischen »
98A, route de Luxembourg
L-7240 Bereldange
Tel : 26 33 50 00
Fax : 26 33 50 50

REGISTRATION FORM

CHILD

Last Name : _____ First Name : _____
Gender : _____
Date and Place of Birth : _____
Address : _____
Postal Code: _____ Locality : _____
Nationality: _____
Social Security Number : _____
Family Doctor : _____

FAMILY

Father's Last Name: _____ First Name : _____
Address: _____
Postal Code: _____ Locality: _____
Date and Place of Birth: _____
Nationality: _____
Profession: _____ Employee: _____
Place of Work : _____ Work Phone : _____
Working Hours: _____
Tel (private) : _____ Tel. (cell) : _____

Mother's Last Name: _____ First Name: _____
Address: _____
Postal Code: _____ Locality : _____
Date and Place of Birth: _____
Nationality : _____

Profession : _____ Employee : _____

Place of Work : _____ Work Phone : _____

Working Hours : _____

Tél. privé : _____ Tél. mobile : _____

Civil status of parents: _____

Number of dependant children : _____

Name: _____ Date of Birth: _____

Persons authorized to pick-up the child from the Day Care :

Reason for the request:

Registration requested beginning: _____

Full-Time

Part-time Mornings

Part-Time Afternoons

Bereldange, _____

Signature _____