



MUSELNASCHT

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Registration form

THE CHILD

Surname:..... First name:
Date of birth: Place of birth:
Adress:
.....
Phone number : Nationality:.....
Languages spoken at home:.....
Health insurance:..... Registration number:.....
Paediatrician:.....

THE FAMILY

Father's surname:..... First name:.....
Email :
Adress:.....
.....
Nationality:..... Profession:.....
Workplace:.....
Working hours:.....
Work phone:.....

Mother's surname:..... First name :.....
Email. :
Adress:.....
.....
Nationality:..... Profession:.....
Workplace:.....
Working hours :
Work phone:.....

Parents' marital status:.....
Number of children:.....
Names and ages of children:

When do you need the place?

Month:

Placement required:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00- 8:00 a.m					
8:00- 9:30 a.m					
9:30- 11:30 a.m					
11:30- 14:00 p.m					
14:00- 16:00 p.m					
16:00- 18:00 p.m					
18:00- 19:00 p.m					

Diseases:
.....

Allergies:
.....

Other special features:
.....

Date:

Signature: