



ENROLMENT APPLICATION

(Please send us to: info@cannelletcaramel.lu)

Family name and child's first name

Birthday (Day/month/year)

Due Date (Day/month/year) - *optional*

Family name and first name of the person making the enquiry

Phone

Email

Enrolment from month (month/year)

Option required:

- 5 Days full time
- 5 Days part time afternoon
- 5 Days part time morning

