



Registration Form

Pre-School Afternoon Programme

Name of Child _____

I would like my child to attend the Pre-school Afternoon Programme at the International School of Luxembourg for the school year 20____/20____.

I would like my child to attend on the following days (options: 1 - 4 afternoons per week, please check appropriate boxes):

- Monday
- Tuesday
- Thursday
- Friday

I agree to pay the tuition in advance of attendance upon receipt of an invoice.

In applying for the admission of my child to the Pre-school Afternoon Programme, I agree to respect the policies, rules and regulations of the school. I understand that the days of the week my child will attend are fixed as indicated on this registration form.

date

signature of parent or guardian