



International Creche & Preschool

RESERVATION FORM

Please fill in the boxes which apply to you:

SITES : Strassen

Applicant's Information:*	
Company Name:	
Name and First Name:	
Address:	
Telephone Number:	
Mobile Number:	
Fax Number:	
e-mail:	

Your requirements :	
Number of children :	
Âge (s) :	
Desired start date :	
Frequency (full-time, half-time,):	
Requested (days of the week):	
Sections : (french, english)	

* for companies and institutions please list the company name and the person responsible for the request.

Date :

Signature :

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