

Date of request: ____ / ____ / ____

Registration form for the Education and Childcare Service Stadtbredimus School year 2025-2026 <u>Must be submitted by 25.04.2025</u>

I. Child

NAME													
First name													
Matricule	<table border="1" style="width: 100%; height: 20px; background-color: #f2f2f2;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												
Adress	L-	residence											
	street N°												
Spoken languages													
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	other <input type="checkbox"/>										
SEA registration mode	Regular <input type="checkbox"/>		Irregular <input type="checkbox"/>										

CYCLE CURRENTLY ATTENDED

Class level	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Current class	Précoce <input type="checkbox"/>	2.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	4.1 <input type="checkbox"/>
	Préscolaire : 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	4.2 <input type="checkbox"/>

RESTAURATION*

Food allergies or intolerances without risk of anaphylactic shock must be certified by your doctor.
Foods to exclude :
Special diets (no pork, vegetarian, etc.): please tell us what foods your child should not eat. We will respect your instructions as far as possible.

MEDICAL INFORMATION

	Yes	No
Medical diagnosis (specific health needs) Does your child suffer from a chronic illness (diabetes, epilepsy, asthma, heart condition, etc.)?		
Allergies that could lead to anaphylactic shock?		
If so, please have your doctor complete the PAI (Projet d'Accueil Individualisé) and attach the corresponding Emergency Action Plan.		

Care products

As part of my/our daily care, I/we authorise the educational staff to use the products listed under the heading 'Illness': 'Daily care' in the internal regulations.

- Cedium disinfectant for disinfecting wounds
- Arnica cream/stick for bruises and haematomas
- Calmiderm cream/gel for insect bites and sunburns
- Sun cream
- Protective and repair cream (red skin) without medication
- Flamigel Anti-burn cream/gel
- Wet wipes

Yes

No

III. Authorisation for third parties

Authorize a third person to collect your child from the Education and Childcare Service*.			
Name + first name		Emergency contact	Relationship with the child (e.g. grandparents, neighbours, etc.)
Name 1		<input type="checkbox"/>	
Tel.:			
Name 2		<input type="checkbox"/>	
Tel.:			
Name 3		<input type="checkbox"/>	
Tel.:			
Name 4		<input type="checkbox"/>	
Tel.:			

Procedures and signatures

The deadline for submitting registration forms is **25.04.2025**. Confirmation of registration will be sent by post. Any enrolment after **25.04.2025** will only be considered if the maximum capacity has not yet been reached. All children wishing to attend the Education and Childcare Service from 1.09.2025 must be enrolled using this enrolment form or the renewal letter. The enrolment form must be signed by the legal representatives.

The enrolment form should be returned to the following e-mail address relais.stadtbredimus@croix-rouge.lu or handed in directly at the SEAS. The following documents must be attached to the enrolment form:

- Recent **work certificates** from persons with educational rights certifying that you are in paid employment and stating the hours you work each week, or proof of registration with ADEM.
- Copy of the child's **social security card**.
- Where applicable, a recent **medical certificate** attesting to allergies and/or intolerances.
- For children with specific health needs, the **Individualised Reception Plan and the Emergency Action Plan (PAI)**.
- **Direct debit order** duly completed and signed, for new registrants or if your bank details have changed.
- Copy of the **child's vaccination card**. The legal representatives are responsible for ensuring that the copy of the vaccination card is up to date. The Luxembourg Red Cross does not check vaccinations. The collection of this data is ordered by the Health Inspection Division of the Ministry of Health..

- Where applicable, a **copy of the judgement/reference for education rights.**
- Annex 1: **Attendance sheet**
- **Authorisation for the taking and/or publication of images** (photographs or videos) for minors under 13 years of age

Please complete :

<p><input type="checkbox"/> I/We acknowledge having received and read:</p> <ol style="list-style-type: none">1. the internal regulations of the Education and Childcare Service2. the specific information notice on the processing of personal data in the form of images (photographs or videos) captured by the Luxembourg Red Cross (annex 10).3. The general notice on the protection of personal data - Education and childcare services of the Luxembourg Red Cross (annex). <p>attached to this registration form and expressly accepts them.</p> <p><input type="checkbox"/> I/we certify that the information given on this registration form is complete, true and in accordance with the law..</p> <p><input type="checkbox"/> I/we expressly and explicitly consent to the processing of my/our child's health data entered above by the Stadtbredimus Education and Childcare Service.</p>
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Incomplete applications or applications containing incorrect information will not be taken into account and may result in the child's exclusion. Legal guardians undertake to communicate any changes as soon as possible, so that the child's file can be updated.

Place and date: _____, on ____ / ____ / _____

Signature of legal representatives: (father, mother, legal representative)
