

**Annex 1: Attendance sheet during the school period Childcare and education
service Stadtbredimus 2024/2025**

Child's name: _____

Mr/Ms class _____ Cycle: _____

I wish to enrol my child for the following days and times throughout the 2024/2025 school year (Please tick (x) the boxes for the periods of attendance) from 15.09.2025

schedule	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:00					
8:00-11:50	Education and childcare service closed (except during school holidays)				
11:50-14:00					
14:00-15:45	Education and childcare service closed (except during school holidays)		Education and childcare service closed (except during school holidays)		Education and childcare service closed (except during school holidays)
15:45-16:00					
16:00-17:00					
17:00-18:00					
18:00-18:30					

Remarks :

Date and Signature of the legal representatives: _____

Annex 2: Irregular attendance form (monthly/weekly/occasional)

Education and care service2025/2026

Child's name : _____

Mr/Ms class _____ Cycle : _____

I wish to enrol my child for the following days (Please tick (x) the boxes for the periods of attendance).

For the period from _____ to _____ 20....

Attendance sheet for the week from _____ to _____					
shedule	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:00					
8:00-11:50	Education and childcare service closed (except during school holidays)				
11:50-14:00					
14:00-15:45	fermé		fermé		Fermé
15:45-16:00					
16:00-17:00					
17:00-18:00					
18:00-18:30					
Attendance sheet for the week from _____ to _____					
shedule	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:00					
8:00-11:50	Education and childcare service closed (except during school holidays)				
11:50-14:00					
14:00-15:45	fermé		fermé		fermé
15:45-16:00					
16:00-17:00					
17:00-18:00					
18:00-18:30					

Attendance sheet for the week from _____ to _____					
shedule	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:00					
8:00-11:50	Education and childcare service closed (except during school holidays)				
11:50-14:00					
14:00-15:45	closed		closed		closed
15:45-16:00					
16:00-17:00					
17:00-18:00					
18:00-18:30					
Attendance sheet for the week from _____ to _____					
shedule	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:00					
8:00-11:50	Education and childcare service closed (except during school holidays)				
11:50-14:00					
14:00-15:45	fermé		fermé		fermé
15:45-16:00					
16:00-17:00					
17:00-18:00					
18:00-18:30					

Please hand in this form **no later than 12.00 pm on the Thursday** preceding the first week of registration. The completed form can also be sent by e-mail:

relais.stadtbredimus@croix-rouge.lu . For organizational reasons, we would ask you to register your child for as many weeks as possible (e.g. for 4 consecutive weeks, if you receive a monthly work plan).

If necessary, the SEAS may request additional information.

If you do not receive negative notification of your child's enrolment by 2 days before the start of enrolment, your child will be enrolled for the hours indicated on the enrolment form. You will not receive confirmation of enrolment.

Date and signature of the legal representatives : _____

Annex 3: Modification / cancellation form

Child's name : _____

Mr/Ms class : _____ Cycle : _____

I would like to change my child's enrolment.

Here is the new timetable, from/...../ 20..... to/...../ 20.....

Please tick (x) the boxes for all periods of attendance for the whole week.

schedule	Monday	Tuesday	Wednesday	Thursday	Friday
7:00-8:00					
8:00-11:50	Education and childcare service closed (except during school holidays)				
11:50-14:00					
14:00-15:45	Education and childcare service closed (except during school holidays)		Education and childcare service closed (except during school holidays)		Education and childcare service closed (except during school holidays)
15:45-16:00					
16:00-17:00					
17:00-18:00					
18:00-18:30					

Remarks :

Please hand in this form or send us a message by **e-mail no later than the Thursday** (12.00 pm) preceding the registration week in the school term, otherwise it will not be possible to take it into account for invoicing purposes.

The completed form can also be sent by e-mail to relais.stadtbredimus@croix-rouge.lu .

Requests for changes will be considered subject to availability.

If you do not receive a negative reply to your child's request to change his/her registration by no later than 2 days before the change is to take place, your child will be registered for the times indicated on the change form. You will not receive confirmation of enrolment.

Date and Signature of the legal representatives: _____

Annex 4: 'Travel + Clubs' parental authorization

Children have the right to go on their own, with the explicit and written authorization of their legal representatives. The representatives declare that their child is fit to travel alone and assume full responsibility for travel.

This authorization, indicating the exact period of travel, must be given by the legal representatives to the Education and Childcare Service if the children have the right to leave the Education and Childcare Service or to go alone to their sports or musical activity.

This form must be completed and given to the Head of the Education and Childcare Service.

I, the undersigned _____

(Surname and first name of the father, mother or other legal representative) declare that they are fit and authorize the child :

Name	
First name	
Cycle	
Teacher class	

to go :

Alone from home to the education and childcare service.

Alone from the education and childcare service to home.

Alone from the education and childcare service to the club _____

and I declare that I accept all responsibility for these journeys.

during the period from _____ to _____.

throughout the 2025-2026 school year.

Date and Signature of the legal representatives: _____

Annex 5: Parental authorization for third parties (other than legal representatives)

If you wish to authorize a third person (grandparents, siblings, neighbours, etc.) to collect your child from the Education and Childcare Service, you must :

o have submitted this form ‘Parental authorization for third parties’.

Please note that under no circumstances will we let your child leave with a person other than the legal representatives if we do not have parental authorization for third persons!

To be completed and given to the Manager of the Education and Childcare Service.

I, the undersigned,

_____ ,

(surname and first name of father, mother or other legal representative)

mother, father or legal representative of:

Name	First name	Cycle

declare that the following persons are authorized to collect the above-mentioned child from the Reception and Childcare Service.

Name	First name	Telephone
1.		
2.		
3.		
4.		

This authorisation is only valid if the persons concerned can identify themselves using their identity cards when collecting the child from the Education and Childcare Service.

Date and signature of the legal representatives: _____

Annex 6: Medication administration form

To be completed and returned to the Education and Childcare Service Manager, together with the medical prescription.

I, _____, the legal representative of the child

born on _____, enrolled at SEAS _____, authorize and delegate the administration of the medication listed below, to SEAS staff _____.

Medication name	
Duration of treatment	from ___/___/___ to ___/___/___
Frequency per day	<input type="radio"/> morning <input type="radio"/> lunchtime <input type="radio"/> afternoon <input type="radio"/> before meals <input type="radio"/> during meals <input type="radio"/> after meals
Number of doses each time	<input type="radio"/> __ tablets <input type="radio"/> __ coffee spoons <input type="radio"/> __ sachets <input type="radio"/> __ globules <input type="radio"/> __ ml
Keep the medicine	<input type="radio"/> in the fridge <input type="radio"/> at room temperature
For the duration of treatment, the medicine must be	<input type="radio"/> take home <input type="radio"/> stay at SEAS

The legal representatives are required to provide a medical prescription stating exactly the dosage to be administered to the child and the duration for which the medicine is to be taken, and to note the child's name on the medicine. A copy of the prescription is essential if the administration of the medicine is to be guaranteed.

This applies to all medicines, including homeopathic medicines and those available over the counter.

Date and signature of the legal representatives : _____

Annex 7: Direct debit order

A direct debit order is recommended to facilitate management for our accounting/finance department.

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Ordre de domiciliation SEPA Core Direct Debit

Le (la) soussigné(e) <small>(au nom de qui les créances sont établies)</small>	Nom complet	
	Nom de l'enfant/ des enfants	
	Rue, N°	
	C.P., Localité	
	Pays	
casés réservés au créancier	pre la firme <small>(qui établit les créances)</small>	Nom CROIX-ROUGE LUXEMBOURGEOISE
		Rue, N° 44, BOULEVARD JOSEPH II
		C.P., Localité L-1840 LUXEMBOURG
	portant le no ID créancier <small>d'encassaer à partir de ce jour et jusqu'à révoation expresse toutes créances portant référence au n° matricule</small>	LU72ZZZ000000000000042200
auprès de la banque	Nom BGL BNP Paribas	
	Rue, N° 50, avenue J.F. Kennedy	
	C.P., Localité L-2951 Luxembourg	
par le débit du compte bancaire	IBAN: L U	
	BIC: L U L	
(*) titulaire du compte	Nom complet	
	Rue, N°	
	C.P., Localité	
	Pays	

Lieu _____ Date _____

Signature(s) pour accord _____

Le donneur d'ordre _____ Le titulaire du compte (*) _____

(*) Exigé seulement si les factures ne sont pas émises au nom du titulaire du compte

Vous bénéficiez d'un droit à remboursement par votre banque selon les conditions décrites dans la convention que vous avez passée avec elle. Toute demande de remboursement doit être présentée dans les 8 semaines suivant la date de débit de votre compte. Le prélevement du montant dû ce fait le dernier jour ouvrable du mois.

The direct debit order must be completed and signed only once - it remains valid until revoked.

If you have already signed a direct debit order, you do not need to renew it, unless your bank details have changed.

Annex 8: Authorisation for the taking and/or publication of images (photographs or videos) (under-13s)

This authorization is subject to your signature, for the taking and distribution of the image (photograph and/or video) of your minor child whose identity is given below, within the framework of the activities of the Education and Welcome Service of the Luxembourg Red Cross in which he/she participates and for the methods of use specified below.

Child's name : _____

First name: _____

Education and care service: _____

In order to ensure your child's safety and fulfil our quality control obligations, we may take photographs/films of your child (e.g. 'badge', portfolio, educational poster, etc.). In this case, we need to be able to comply with the Grand Ducal Regulation of 29 July 2017 establishing the national reference framework 'Non-formal education for children and young people'.

AUTHORISATION OF THE LEGAL REPRESENTATIVE

I, the undersigned (first name, surname)

_____ ,

residing at (address) _____ :

hereby authorize

the non-formal education department of the Luxembourg Red Cross, located at 44, boulevard Joseph II, L-2014 Luxembourg (tick all that apply) :

1. Authorization and use of images

to photograph or film my child, whose identity is given above, as part of the internal activities (publication within the SEA) of the Luxembourg Red Cross education and reception service in which he/she participates.

If you have not marked point 1, you can ignore point 2.

2. Authorization and use of images outside the daily activities of the SEA

to use, publish and reproduce these photographs, videos or their adaptations, with or without mention of my child's name, for the purposes of illustrating the activities of the Education and Reception Service of the Luxembourg Red Cross for (tick as preferred):

use of photos and videos as part of ongoing training courses

the newspaper 'Die Kunterbunte', produced by and for children attending the SEAS/SEAJ

the distribution of photographs and/or videos on the following media: Luxembourg Red Cross Intranet site(s); Luxembourg Red Cross Internet site(s); publications edited and published by the Luxembourg Red Cross such as activity reports, newsletters, newspapers, brochures, magazines, educational documents, etc.; publications edited and published by third parties (newspapers, magazines and other printed or electronic media).

This authorization, granted free of charge, is valid worldwide. The non-formal education department of the Luxembourg Red Cross will exercise all exploitation rights attached to this audiovisual work/recording, which will remain its exclusive property.

I certify that I have received an information notice relating to the processing of personal data in the form of images (photographs or videos) captured by the non-formal education department of the Luxembourg Red Cross (page 1/2), and that I have read and understood the above information informing me of my rights in relation to the capture and publication of images concerning my child, whose identity is given above, as well as the associated processing of his/her personal data.

I acknowledge that I have full civil rights in respect of the minor named above.

Signed in Luxembourg, on _____

Signature of the legal representatives : _____

Annex 9: General notice on the protection of personal data Education and childcare services of the Luxembourg Red Cross

When you register your child with the 'Stadbredimus' Education and Childcare Service of the Luxembourg Red Cross, you are asked to provide us with your personal details and those of your child. We attach great importance to the protection of this data. This notice is intended to inform you of the use we make of this personal data and of the rights you have.

WHY DO WE PROCESS THIS DATA?

We process your personal data and that of your child for the purposes of :

- managing your child's enrolment at our school,
- managing your child's attendance and absence,
- managing the catering service
- management of invoicing,
- managing complaints and accident reports,
- management of the school.

This processing is carried out :

- as part of the performance of the contract you have with our establishment,
- in order to comply with a legal obligation to which we are subject,
- as part of our public interest mission,
- on the basis of your express consent in the event that you have provided us with your child's health data (allergies, food intolerances and other pathologies) and in the absence of your express consent, the processing of this health data will be carried out on the basis of your child's vital interests.

WHAT TYPE OF DATA DO WE COLLECT?

In accordance with the law, the non-formal education department of the Luxembourg Red Cross collects only the necessary data. This data is generally that which you have given us on the registration form (your child's first and last name, your address, your telephone number, etc.). Other data may be generated or collected in the course of your relationship with the Luxembourg Red Cross (for example: excursions, outings, etc.).

This data is kept for as long as necessary and for no longer than is required by law.

TO WHOM DO WE COMMUNICATE THIS DATA?

The non-formal education department of the Luxembourg Red Cross treats the data you provide as confidential and only shares it with third parties when necessary and in accordance with the law. These third parties may include other entities of the Luxembourg Red Cross, the Commune of Stadtbredimus, the competent administrations and authorities, such as the Ministry of National Education, Children and Youth, the Ministry of Health, the National Youth Service, the school as well as service providers, particularly in the context of IT outsourcing. We ensure that your data remains within the European Union.

WHAT ARE YOUR RIGHTS?

In accordance with the law, you have the following rights:

- The right to information. We hope that this notice has answered your questions. Should you require any further information, please contact the person responsible for SEAS 'Stadtbredimus'.
- The right to access data. You can access your data and that of your child by contacting the 'Stadtbredimus' SEAS manager.
- The right to rectify your data and that of your child if it is erroneous or obsolete. You can contact the 'Stadtbredimus' SEAS manager.
- The right to lodge a complaint with the National Commission for Data Protection (CNPD) if you consider that your data is not being processed in accordance with the law.

In certain cases and under the conditions laid down by law, you also have the following rights:

The right to request the deletion of your and your child's data.

- The right to request the restriction of the processing of your data and those of your child.
- The right to object to the processing of your data and those of your child for any other legitimate reason (unless the Luxembourg Red Cross has a legitimate and compelling reason to continue the processing).

- The right to portability of the data you have provided to Croix-Rouge luxembourgeoise (i.e. the right to receive your personal data on a machine-readable form), insofar as this is technically possible.

- The right to withdraw your consent at any time to the processing of your child's health data.

If you have any questions or wish to exercise your rights, you can contact the Head of the 'Stadtbredimus' Education and Care Service by email: relais.stadtbredimus@croix-rouge.lu

If you wish, you can also contact the Data Protection Officer of the Luxembourg Red Cross by e-mail: rgpd@croix-rouge.lu or by post:

LUXEMBOURG RED CROSS

Data Protection Officer

44, boulevard Joseph II

BP 404 L-2014 Luxembourg

In order to comply as fully as possible with the regulations in force, we undertake to update this information notice whenever necessary.

Annex 10: Autorisation for taking and/or publishing images (photographs or videos)
(minor child under the age of 13)

This authorisation is subject to your signature for the taking and dissemination of the image (photograph and/or video) of your minor child whose identity is stated below, as part of the activities of the *Service d'éducation et d'accueil* of the Luxembourg Red Cross in which he/she participates and for the uses specified below.

Child's surname	
First name	
Service d'éducation et d'accueil	

In order to ensure the safety of your child and to fulfil our obligations in terms of quality control, we may be required to take photos/videos of your child (e.g. "badge", portfolio, educational poster, etc.). For us, it is therefore a question of being able to comply with the Grand-Ducal Regulation of 29th July 2017 establishing the national reference framework for non-formal education of children and youth.

LEGAL REPRESENTATIVE'S AUTHORISATION

I, the undersigned _____, (mother, father or other legal representative of the child), residing at (address)

_____ hereby authorise the Maison Relais and Crèches Service of the Luxembourg Red Cross, located at 44, boulevard Joseph II, L-2014 Luxembourg (tick the boxes) :

1. Authorisation and use of images

- to photograph or film my child, whose identity is stated above, during internal activities of the Service d' education et accueil in which he/she is taking part.

If you have not ticked number 1, you can ignore number 2.

2. Authorisation and use of images apart from the day-to-day activities of the Service d'éducation et d'accueil activities

- to use , publish, and reproduce those photos, videos or their adaptations, with or without my child's name to illustrate the activities of the *Service d'éducation et d'accueil* of the Luxembourg Red Cross for (*tick your preference*):
- the use of the photos and videos in the context of staff training
- the magazine "Die Kunterbunte", edited by and for children enrolled in the SEA

- the dissemination of photos and/or videos on the following websites:

Intranet site(s) of the Luxembourg Red Cross; website of the Luxembourg Red Cross; publications edited by the Luxembourg Red Cross such as activity reports, newsletters, journals, flyers, magazines, educational documents, etc.; publications edited and published by third parties (journals, magazines and other printed or electronic media).

This authorisation, granted free of charge, is valid worldwide. The *Service Maison Relais et Crèches* of the Luxembourg Red Cross will exercise all exploitation rights of this audio-visual work/recording which will remain its exclusive property.

I certify that I have received an information notice about the processing of personal data in the form of photographs or videos taken by the *Service Maison Relais et Crèches* of the Luxembourg Red Cross (*page 1/2*), that I have read and understood the above information informing me of my rights regarding the taking and publication of the image of my child whose identity is stated above as well as the processing of its personal data.

I acknowledge having full civil rights in respect of the minor named above.

Signed in Luxembourg, on ____/____/____

Signature of the child's legal representatives:

Annex 11 : Autorisation Dimmi App

Service d'éducation et d'accueil « Stadtbredimus »

Dear legal representatives,

Stadtbredimus' is pleased to offer you the use of the "Dimmi" application, which can be downloaded on iOS and Android devices.

'Dimmi will facilitate communication between parents and SEAS.

You will have quick and easy access to messages, forms, registration reminders, menus and other crèche publications. Photos and short presentations of your child's activities will also be posted regularly. Please note that reminders (holiday registrations, celebrations, etc.) will only be posted on the 'Dimmi' platform. Photos and videos sent by group staff will be sent exclusively to parents via the Dimmi application.

Only the child's first and last names and the parent/guardian's email address will be stored by the application's provider, EducDesign S.A.

We invite you to visit the 'Dimmi' application website at www.dimmi.lu for further information on how the application works and on data protection provisions.

Use of the application is, of course, not compulsory, and only parents who hand in the coupon below will be issued with a QR-Code enabling them to connect to 'Dimmi'.

Please note that a QR-Code is allocated to each child and that only the child's parents and guardians are authorised to connect to the application. For security reasons, we reserve the right to block access to the application in the event of abuse.

We look forward to meeting you on Dimmi.

I, the undersigned (mother, father, legal representative of the child)

_____, residing at (address)

_____, (mother, father,
legal representative) of (surname and first name of the child)

_____ wish to have access to the Dimmi application and hereby authorise the Maison Relais and Crèche Service of the Luxembourg Red Cross, located at 44, boulevard Joseph II, L-2014 Luxembourg (tick all boxes) :

1. Authorisation to take photographs

to photograph or film my child, whose identity is given below, as part of the activities of the Luxembourg Red Cross Non-Formal Education Service in which he/she participates.

2. Authorisation to use images

to photograph or film or to use and publish these photographs, videos or their adaptations in the Dimmi application, without mentioning my child's name, for the purposes of illustrating the activities of the SEAS 'Stadtbredimus'.

This authorisation, granted free of charge, is valid for the duration of the child's enrolment at the 'Stadtbredimus'.

The Non-Formal Education Service of the Luxembourg Red Cross will exercise all exploitation rights attached to this audiovisual work/recording, which will remain its exclusive property.

I certify that I have received an information notice relating to the processing of personal data in the form of images (photographs or videos) captured by the Non-Formal Education Service of the Luxembourg Red Cross (page 1/2), and that I have read and understood the aforementioned information informing me of my rights in relation to the capture and publication of images concerning my child, whose identity is given above, as well as the associated processing of his/her personal data. The content of the Dimmi application may not be published outside it.

I acknowledge that I have full civil rights in respect of the minor named above.

I would like to receive a QR code to access the Dimmi application.

I agree not to publish photos of other children.

Signed in Luxembourg, on ____/____/____ Signature of legal representatives :

Annex 12: Cancellation of registration form

I, the undersigned,

Mrs :

Mr:

Child's legal representatives :

Childs name :

_____ cancels the registration form with effect from the SEAS Stadtbredimus :

Date of child's last day in the service :/...../.....

the one-month notice period being respected.

Date and signature: _____

For information: If you cancel the registration form, it is up to you to revoke the direct debit order, taking into account the notice period (one month) which will still be charged to you.