

must be submitted to the SEA

Date of application : ____ / ____ / 20__

Enrolment Form

Service d'éducation et d'accueil Leudelange

School year 2024 – 2025

Must be submitted before 15.05.2024

I. CHILD

SURNAME																							
First Name																							
Social security number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						
Address	L-	City																					
	Street N°																						
Spoken languages																							
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>																				
Enrolment type	Regular <input type="checkbox"/>		Irregular <input type="checkbox"/>																				

CYCLE CURRENTLY ATTENDED

School Cycle	Non scolarisé	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Currently attended cycle	Crèche <input type="checkbox"/>	Précoce <input type="checkbox"/>	2.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	4.1 <input type="checkbox"/>
		Préscolaire	2.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	4.2 <input type="checkbox"/>
		1.1 <input type="checkbox"/>			
		1.2 <input type="checkbox"/>			

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FOOD SERVICE									
	<u>Food allergies or food intolerances without risk of an anaphylactic shock must be certified by your doctor.</u>								
	Food to be excluded:								
	Diets (no pork, vegetarian, etc.) : please tell us which foods your child should not eat. We will respect this information <u>as far as possible</u> .								
	<table border="1"> <tr> <td>Normal Menu</td> <td></td> </tr> <tr> <td>Menu without pork</td> <td></td> </tr> <tr> <td>Menu without meat</td> <td></td> </tr> <tr> <td>Vegetarian Menu (no fish/no meat)</td> <td></td> </tr> </table>	Normal Menu		Menu without pork		Menu without meat		Vegetarian Menu (no fish/no meat)	
Normal Menu									
Menu without pork									
Menu without meat									
Vegetarian Menu (no fish/no meat)									

MEDICAL INFORMATION

	Yes	No
Disease (specific health needs) Does your child suffer from a chronic disease (diabetes, epilepsy, asthma, heart disease, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies that could lead to an anaphylactic shock ? If yes , please have the Individualised Care Project (PAI) completed by your doctor and attach the corresponding Emergency Action Plan .	<input type="checkbox"/>	<input type="checkbox"/>

Care products

As part of the daily care, I/we authorise the educational staff to use the products listed under "Daily care" of the internal rules and regulations. (*Internal rules and regulations* page.10)

Yes No

In case of sensitive skin what are the products to be excluded : _____

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II. LEGAL REPRESENTATIVES

	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other ¹ : _____	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other ² : _____																																								
Surname																																										
First Name																																										
Address	Identical to the child's address : Yes <input type="checkbox"/> No <input type="checkbox"/>	Identical to the child's address : Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
If "No"	L- _____ City _____	L- _____ City _____																																								
	Street _____ N° _____	Street _____ N° _____																																								
Social security number	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Spoken languages																																										
Professional activity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
Hours per week																																										
Employer (please attach the employer's certificate)																																										
Email																																										
Phone number*	<input type="checkbox"/>	<input type="checkbox"/>																																								
Mobile phone number*	<input type="checkbox"/>	<input type="checkbox"/>																																								
Work phone number*	<input type="checkbox"/>	<input type="checkbox"/>																																								

* Please tick () a number where we can reach you at any time of the day.

¹ If mother/father is not the legal representative, proof of the judgment is required/ summary

² If mother/father is not the legal representative, proof of the judgment is required/ summary

▪ Terms and signatures

The deadline for submitting enrolment forms is 15.05.2024. Applications submitted after the 15.05.2024 will only be considered if the maximum capacity has not yet been reached.

The enrolment file must be handed in person to the person in charge :

- Manager SEA (Christine Jude)
- Group – leader from Pécoce & Cycle 1 (Marylène Ameixa)
- Group – leader from Cycle 2.-4. (Amandine Reuland)

Or par email at the following address: relais.leudelange@croix-rouge.lu

Or in our letter box in our parents corner at the “Faarwekëscht”

Or in our exterior letter box 2, rue du Lavoir L-3358 Luedelange

You will receive a **confirmation of enrolment after 24.06.2024**



Children wishing to attend the *Service d'éducation et d'accueil* starting on 16.08.2024 must be enrolled by means of this form or the enrolment renewal form. The enrolment form must bear the signature of the legal representatives.

The following documents must complete the enrolment file:

- Annex 1: Attendance sheet
- Annex 10 : Authorisation for the taking and / or publication of images (photographs or videos) for minor children under the age of 13.
- Recent employment certificates of the persons having parental authority, certifying that they are in paid employment and indicating their weekly working hours, or proof of registration with the ADEM.
- Copy of the child's social security card.
- Copy of the child's vaccination card. The legal representatives are responsible for keeping the copy of the vaccination card up to date. The Luxembourg Red Cross does not check the vaccines. The collection of this information is ordered by the Sanitary Inspection Division of the Ministry of Health.

Optional / in case of need

- Annex 11a : Access request for the DIMMI application
- If applicable, a recent medical certificate attesting allergies and/or intolerances.
- For children with specific health needs, the Individualised Care Project and the Emergency Action Plan.
- Direct debit order, duly completed and signed, for the newly enrolled or if your bank details have changed.
- If applicable, a copy of the judgment / summary judgment on parental authority.

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Please tick the following boxes and sign:

I acknowledge / We acknowledge having received and read:

1. the internal regulations of the *Service d'éducation et d'accueil*
2. the information sheet on the processing of personal data in the form of images (photographs or videos) taken by the Luxembourg Red Cross (annex 9).
3. The general notice on the protection of personal data - *Service d'éducation et d'accueil* of the Luxembourg Red Cross (annex 8),

attached to this enrolment form, and expressly accept them.

I / we certify that the information provided in the enrolment form is complete, truthful and legal.

I / we expressly and explicitly consent to the child's health data provided above being processed by the *Service d'éducation et d'accueil*.

Incomplete requests or requests containing incorrect information will not be taken into account and may result in the exclusion of the child. The legal representatives are responsible for communicating any change as soon as possible, in order to keep the child's file up-to-date.

Place and date: _____, _____ / _____ / **20** _____

Signature of legal representatives:

(father, mother, legal representative)

(father, mother, legal representative)