

### Annex 1: Attendance sheet for school year 2025/2026

I would like to enrol my child \_\_\_\_\_ from the Class of

Mrs. / Mr. \_\_\_\_\_ Cycle: \_\_\_\_\_ for the following days  
and time slots throughout the school year 2025/2026 starting on 15/09/ 20....

Timetable	Monday			Tuesday			Wednesday			Thursday			Friday		
07.00 - 07.45															
11.40-12.05 Only C1.	SEA	AB	A	SEA	AB	A	SEA	AB	A	SEA	AB	A	SEA	AB	A
08.00 - 12.05	SEA closed (except during school holidays)														
12.05 - 14.00															
14.00 -15.45	SEA closed (except during school holidays)						SEA closed (except during school holidays)						SEA closed (except during school holidays)		
15.45-16.00															
16.00-16.30															
16.30-17.00															
17.00-17.30															
17.30-18.00															
18.00-18.30															
18.30-19.00															

(Please tick (x) the boxes for attendance accordingly)

**AB= Accueil Bus**

The child will take the bus at 12.05 pm

**A= Accueil**

The child will be picked up at 12.05 pm

Comment :

Date and signature: \_\_\_\_\_

## Annex 2: Modification sheet

I would like to modify the enrolment of my child : \_\_\_\_\_ from the

Class of Mrs. / Mr. \_\_\_\_\_ Cycle: \_\_\_\_\_

from ...../...../ 20..... to ...../...../ 20.....

Timetable	Monday			Tuesday			Wednesday			Thursday			Friday		
07.00 - 07.45															
11.40-12.05 Only C1.	SEA	AB	A	SEA	AB	A	SEA	AB	A	SEA	AB	A	SEA	AB	A
08.00 - 12.05	SEA closed (except during school holidays)														
12.05 - 14.00															
14.00 -15.45	SEA closed (except during school holidays)						SEA closed (except during school holidays)						SEA closed (except during school holidays)		
15.45-16.00															
16.00-16.30															
16.30-17.00															
17.00-17.30															
17.30-18.00															
18.00-18.30															
18.30-19.00															

(Please tick (x) the boxes for your attendance slots **during the entire week.**)

### AB= Accueil Bus

The child will take the bus at 12.05 pm

### A= Accueil

The child will be picked up at 12.05 pm

Please submit this form or a simple e-mail ([relais.leudelange@croix-rouge.lu](mailto:relais.leudelange@croix-rouge.lu)) by Friday (09.00) at the latest preceding the week of enrolment in the school period, otherwise it will not be possible to take it into account for the billing (précocé). Requests for changes will be considered within the limits of the places available.

**Date and signature:** \_\_\_\_\_

When needed, please fill in this form and return it to the SEA office!

### Annex 3: Parental authorisation for third parties (other than legal representatives)

If you wish to authorise a third party (grandparents, siblings, neighbours, etc.) to pick up your child, you will need to:

- Submit this form ("Parental authorisation for third parties").
- Inform in advance

Please note that we will not let your child leave with a person other than the legal representatives, if we do not have a parental authorisation for third parties!

→ To identify themselves, third parties must carry identification!

I, the undersigned \_\_\_\_\_,

(Surname and first name of the father, the mother or a legal representative)

Surname & first name

declare the following persons competent to pick up my child from the SEA and authorise them to do so:

Surname & first name	Phone Number	Relation with the child (grandparents, brother..)
1.		
2.		
3.		
4.		

Date and signature: \_\_\_\_\_

When needed, please fill in this form and return it to the SEA office!

#### Annex 4: Parental consent "Trips to and from the SEA – Home"

Children are authorised to go home on their own only with the explicit written consent of their legal representatives. The latter declare their child fit to come and go on its own and assume full responsibility for these trips.

This authorisation, indicating the exact timeframe for the trips to and from the SEA, must be submitted to the SEA by the legal representatives, in case they wish their children to have the right to leave the SEA on their own.

I, the undersigned \_\_\_\_\_

(Surname and first name of the father, the mother or a legal representative)

declare my child:

Surname & first name	Cycle

to be competent to make the following trips on its own and authorise it to do so:

☐ Home → SEA

☐ SEA → Home

On the following day :

☐ Monday at \_\_\_\_\_

☐ Tuesday at \_\_\_\_\_

☐ Wednesday at \_\_\_\_\_

☐ Thursday at \_\_\_\_\_

☐ Friday at \_\_\_\_\_

☐ Identical to Annexe 1

and I declare to assume all responsibility for these trips

☐ during the whole school year 2025-2026.

☐ during the following period: \_\_\_\_\_ until \_\_\_\_\_.

☐ Only by informing the SEA (SMS / Mail )

**Date and signature:** \_\_\_\_\_

When needed, please fill in this form (one for every trip )and return it to the SEA office!

**Annex 4.a: Parental consent CYCLE 1 “Trips to and from the SEA – Club”**

This authorisation, indicating the exact timeframe for the trips to and from the SEA, must be submitted to the SEA by the legal representatives in case they wish their children to have the right to leave the SEA on their own for musical or sports activities.

I, the undersigned \_\_\_\_\_ declare my child:

(Surname and first name of the father, the mother or a legal representative)

Surname & first name	Cycle
	Précoce / C 1._

To be accompanied :

<b>To the club :</b>	<input type="checkbox"/> initiation à la musique <input type="checkbox"/> LASEP <input type="checkbox"/> Chorale <input type="checkbox"/> Handball
<b>Following day :</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<b>Start / Return :</b>	from _____h to _____h
<b>I will pick up my child after the activity :</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ During the whole school year 2025-2026.

☐ During the period from \_\_\_\_\_ until \_\_\_\_\_.

**Date and signature:** \_\_\_\_\_

When needed, please fill in this form ( one for every trip )and return it to the SEA office!

**Annex 4.b.: Parental consent CYCLE 2 "Trips to and from the SEA – Club"**

Children are authorised to go to a club/activity on their own only with the explicit written consent of their legal representatives. This authorisation, indicating the exact timeframe for the trips to and from the SEA, must be submitted to the SEA by the legal representatives in case they wish their children to have the right to leave the SEA on their own / accompanied for their activities.

I, the undersigned \_\_\_\_\_(Surname and first name of the father, the mother or a legal representative) declare my child:

Name of the child	Cycle	Accompanied	Alone
<b>To the following activity :</b> <input type="checkbox"/> Solfège <input type="checkbox"/> LASEP <input type="checkbox"/> Ninja <input type="checkbox"/> Handball <input type="checkbox"/> Catéchisme <input type="checkbox"/> Choral <input type="checkbox"/> Instrument _____		<input type="checkbox"/> Centre Culturel Eech  <input type="checkbox"/> sports hall  <input type="checkbox"/> School-building	<input type="checkbox"/> Centre Culturel Eech  <input type="checkbox"/> sports hall  <input type="checkbox"/> School-building
<b>Day :</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
<b>Start / Return :</b> from _____h to _____h			
<b>I will pick up my child after the activity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

and I declare to assume all responsibilities for these trips

- ☐ During the whole school year 2025-2026.
- ☐ During the period from \_\_\_\_\_ until \_\_\_\_\_.

**Date and signature:** \_\_\_\_\_

When needed, please fill in this form ( one for every trip ) and return it to the SEA office!

**Annex 4.c.: Parental consent CYCLE 3.1 "Trips to and from the SEA – Club"**

Children are authorised to go to a club/activity on their own only with the explicit written consent of their legal representatives. This authorisation, indicating the exact timeframe for the trips to and from the SEA, must be submitted to the SEA by the legal representatives in case they wish their children to have the right to leave the SEA on their own / accompanied for their activities.

I, the undersigned \_\_\_\_\_ (Surname and first name of the father, the mother or a legal representative) declare my child:

Name of the child	Cycle	Accompanied	Alone
<b>To the following activity :</b> <input type="checkbox"/> Solfège <input type="checkbox"/> LASEP <input type="checkbox"/> Ninja <input type="checkbox"/> Handball <input type="checkbox"/> Catéchisme <input type="checkbox"/> Choral <input type="checkbox"/> Instrument _____		<input type="checkbox"/> Centre Culturel Eech  <input type="checkbox"/> sports hall  <input type="checkbox"/> School-building	<input type="checkbox"/> Centre Culturel Eech  <input type="checkbox"/> sports hall  <input type="checkbox"/> School-building
<b>Day :</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
<b>Start / Return :</b> from _____h to _____h			
<b>I will pick up my child after the activity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

and I declare to assume all responsibilities for these trips

- ☐ During the whole school year 2025-2026.  
☐ During the period from \_\_\_\_\_ until \_\_\_\_\_.

**Date and signature:** \_\_\_\_\_

When needed, please fill in this form ( one for every trip )and return it to the SEA office!

**Annex 4.d.: Parental consent CYCLE 3.2 “Trips to and from the SEA – Club”**

Children are authorised to go to a club/activity on their own only with the explicit written consent of their legal representatives. This authorisation, indicating the exact timeframe for the trips to and from the SEA, must be submitted to the SEA by the legal representatives in case they wish their children to have the right to leave the SEA on their own for their activities.

I, the undersigned \_\_\_\_\_ (Surname and first name of the father, the mother or a legal representative) declare my child:

Name of the child	Cycle	Alone
<b>To the following activity :</b> <input type="checkbox"/> Solfège <input type="checkbox"/> LASEP <input type="checkbox"/> Ninja <input type="checkbox"/> Handball <input type="checkbox"/> Catéchisme <input type="checkbox"/> Choral <input type="checkbox"/> Instrument _____		<input type="checkbox"/> Centre Culturel Eech  <input type="checkbox"/> sports hall  <input type="checkbox"/> School-building
<b>Day :</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<b>Start / Return :</b> from _____ h to _____ h		
<b>I will pick up my child after the activity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

and I declare to assume all responsibilities for these trips

- ☐ During the whole school year 2025-2026.  
☐ During the period from \_\_\_\_\_ until \_\_\_\_\_.

**Date and signature:** \_\_\_\_\_



When needed, please fill in this form ( one for every trip )and return it to the SEA office!

**Annex 4.e.: Parental consent CYCLE 4 “Trips to and from the SEA – Club”**

Children are authorised to go to a club/activity on their own only with the explicit written consent of their legal representatives. This authorisation, indicating the exact timeframe for the trips to and from the SEA, must be submitted to the SEA by the legal representatives in case they wish their children to have the right to leave the SEA on their own for their activities.

I, the undersigned \_\_\_\_\_ (Surname and first name of the father, the mother or a legal representative) declare my child:

Name of the child	Cycle	Alone
<b>To the following activity :</b> <input type="checkbox"/> Solfège <input type="checkbox"/> LASEP <input type="checkbox"/> Ninja <input type="checkbox"/> Handball <input type="checkbox"/> Catéchisme <input type="checkbox"/> Choral <input type="checkbox"/> Instrument _____		<input type="checkbox"/> Centre Culturel Eech  <input type="checkbox"/> sports hall  <input type="checkbox"/> School-building
<b>Day :</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<b>Start / Return :</b> from _____ h to _____ h		
<b>I will pick up my child after the activity</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

and I declare to assume all responsibilities for these trips

- ☐ During the whole school year 2025-2026.  
☐ During the period from \_\_\_\_\_ until \_\_\_\_\_.

**Date and signature:** \_\_\_\_\_

### Annex 5: Medication administration form

Must be completed and submitted to the person in charge of the SEA

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

I, \_\_\_\_\_, the legal representative of the child \_\_\_\_\_  
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:** \_\_\_\_\_

## Annex 6: Direct debit order

A direct debit order is recommended in order to facilitate the work of our accounting/finance department.

**Ordre de domiciliation SEPA Core Direct Debit**

<p><b>Le (la) sousigné(e)</b> (au nom de qui les créances sont établies)</p>	<p>Nom complet</p> <p>Nom de l'enfant/ des enfants</p> <p>Rue, N°</p> <p>C.P., Localité</p> <p>Pays</p>
<p><b>prête la firme</b> (qui établit les créances)</p> <p><b>portant le no ID créancier</b> d'encaisser à partir de ce jour et jusqu'à révocation expresse toutes créances portant référence au n° matricule</p> <p><b>auprès de la banque</b></p>	<p>Nom CROIX-ROUGE LUXEMBOURGEOISE</p> <p>Rue, N° 44, BOULEVARD JOSEPH II</p> <p>C.P., Localité L-1840 LUXEMBOURG</p> <p>LU72ZZZ00000000000000042200</p>
<p><i>cases réservées au créancier</i></p>	<p>Nom BGL BNP Paribas</p> <p>Rue, N° 50, avenue J.F. Kennedy</p> <p>C.P., Localité L-2951 Luxembourg</p>
<p>par le débit du compte bancaire</p>	<p>IBAN: LU  </p> <p>BIC:                                    </p>
<p>(*) titulaire du compte</p>	<p>Nom complet</p> <p>Rue, N°</p> <p>C.P., Localité</p> <p>Pays</p>

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 prélèvement du montant dû ce fait le dernier jour ouvrable du mois.

- ➔ The direct debit order is to 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.

**Please note the expiry date of the Service Cheque card!**

**Annex 7: Termination of enrolment form**

I, the undersigned,

Mrs.:	Mr.:
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Parents of:

Child's name:
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terminate the enrolment as of:

Date of the last day of the child's attendance: ...../...../.....
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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.

## **Annex 8: GENERAL NOTICE ON THE PROTECTION OF PERSONAL DATA – CRECHES AND SERVICE D'EDUCATION ET D'ACCUEIL OF THE LUXEMBOURG RED CROSS**

When enrolling your child at the *SEA Leudelange* of the Luxembourg Red Cross, you are required to provide us with your personal data and that of your child. Protecting this data is very important to us. This document is intended to inform you about the use we make of your data and the rights that you have.

### **WHO IS RESPONSIBLE FOR THE PROCESSING OF DATA?**

The *Service Maison Relais et Crèches* of the Luxembourg Red Cross, located at 44, boulevard Joseph II, L-2014 Luxembourg is responsible for the processing of personal data.

### **WHY DO WE PROCESS YOUR DATA?**

We process your personal data and that of your child for several reasons:

- managing the enrolment of your child at our SEA
- managing the presence and absence of your child
- managing the food service
- managing invoicing
- managing complaints and reporting accidents
- managing our facilities

Your data will be processed:

- as part of the performance of your contract with us,
- to comply with the legal obligations to which we are subject,
- as part of the execution of our public interest mission,
- on the basis of your consent for the taking and/or publishing of pictures (photographs or videos) of your child,
- on the basis of your express consent if you have provided us with information on your child's health (allergies, food intolerances and other pathologies) and in the absence of your express consent, the processing of this health data will be carried out based on the vital interests of your child.

### **WHAT KIND OF DATA DO WE COLLECT?**

In accordance with the law, the *Service Maison Relais et Crèches* of the Luxembourg Red Cross only collects the data necessary for the execution of its missions. This data is generally the data that you have communicated to us by means of the enrolment form (the surname and first name of your child, 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, field trips, etc.).

This data is kept for the time necessary and at most for the period provided for by law.

### **TO WHOM DO WE COMMUNICATE YOUR DATA?**

The *Service Maison Relais et Crèches* of the Luxembourg Red Cross treats the communicated data confidentially and only shares it with third parties when necessary and in accordance with the law. These third parties may include other Luxembourg Red Cross entities, the Municipality of Leudelange, the competent administrations and authorities, such as the Ministry of 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 make sure that your data stays 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 document has answered your questions. For any further information, you can contact the person in charge of the *SEA Leudelange*.
- **The right to access your data.** You can access your data and your child's data by contacting the person in charge of the SEA Leudelange.
- **The right to rectify your data and that of your child** if it is incorrect or out of date. You can contact the person in charge of the SEA Leudelange.
- **The right to lodge a complaint** with the National Data Protection Commission (CNPD) if you consider that the processing of your data does not comply 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 data and that of your child.
- **The right to request the limitation** of the processing of your data and that of your child.
- **The right to object to the processing** of your data and that of your child for any other legitimate reason (unless there is a legitimate and compelling reason for the Luxembourg Red Cross to continue processing).
- **The right to portability of** the data you have provided to the Luxembourg Red Cross (i.e. the right to receive your personal data on a machine-readable medium), insofar as this is technically possible.
- **The right to withdraw your consent** to the processing of your child's health data at any time.

If you have questions or wish to exercise your rights, you can contact the person in charge of the *SEA Leudelange* by email: [relais.leudelange@croix-rouge.lu](mailto:relais.leudelange@croix-rouge.lu) or by post:

SEA Leudelange 2, rue du Lavoir L-3358 Leudelange

You can also contact the Luxembourg Red Cross Data Protection Officer by email: [rgpd@croix-rouge.lu](mailto:rgpd@croix-rouge.lu) or by post:

CROIX-ROUGE LUXEMBOURGEOISE  
Data protection  
44, boulevard Joseph II  
BP 404 L-2014 Luxembourg

In order to comply with the regulations in effect, we will update this document whenever necessary.

<b>Annex 9:</b> Information on the processing of personal data in form of images (photographs or videos) taken by the SEA Leudelage
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(Given to the legal representative (s) of the minor child concerned)

The protection of your child's image rights and the protection of personal data in accordance with the General Data Protection Regulation (GDPR) is very important to the *Service Maison Relais et Crèches* of the Luxembourg Red Cross.

Your child may be photographed, filmed or recorded by the *Service Maison Relais et Crèches* of the Luxembourg Red Cross during SEA activities. To allow the *Service Maison Relais et Crèches* of the Luxembourg Red Cross to take and use pictures (photos or videos) of your child for the purpose of communicating about the activities, we would like to obtain your consent and would like to inform you in advance of the rights you have.

The photos and video recordings may be used in printed or digital form on various media through which the Luxembourg Red Cross publishes information related to its activities.

**General information:**

*Responsible for data processing:* *Service Maison Relais et Crèches* of the Luxembourg Red Cross, located at 44, boulevard Joseph II, L-2014 Luxembourg.

*Contact person:* Luxembourg Red Cross Data Protection Officer : [rgpd@croix-rouge.lu](mailto:rgpd@croix-rouge.lu)

*Purposes of processing:*

- internal communication by the Luxembourg Red Cross (educational work, educational reflection, internal newsletters and newspapers, activity report, intranet)
- external communication by the Luxembourg Red Cross and the press (magazines, website, the newspaper "*Die Kunterbunte*", the "childhood-youth" logbook).

*Legal basis for processing:* your consent (art. 6.1a GDPR)

*Recipients:* the photographs and video presentations will be stored in the information system of the Luxembourg Red Cross, access to which is restricted to staff duly authorised by the latter. Your data may also be communicated to third parties such as subcontractors (in particular IT service providers) and external service providers of the of the Luxembourg Red Cross (such as graphic designers, press agencies, printers, written media) to the strict extent necessary .

*Retention period:* the photographs and video recordings will be kept for the period necessary for the above purposes.

**Your rights:**

You can withdraw your consent at any time and request that the *Service Maison Relais et Crèches* of the Luxembourg Red Cross stop using images (photographs or videos) concerning your child on new media (but not media that have already been used for publication), by contacting the person in charge of the *SEA Leudelage*. If you wish, you can also contact the data protection officer by email: [rgpd@croix-rouge.lu](mailto:rgpd@croix-rouge.lu).

For more information on how the *Service Maison Relais et Crèches* of the Luxembourg Red Cross processes your personal data or to get to know your rights, please consult our information notice intended for beneficiaries of the *Service d'éducation et d'accueil* of the Luxembourg Red Cross at the following address: <http://www.croix-rouge.lu/protection-des-donnees/>.



**Annex 10:** Authorisation for taking and/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* : Leudelange

**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 (*surname, first name*) \_\_\_\_\_,  
residing at (*address*) \_\_\_\_\_:

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

#### **1. Authorisation and use of image capture**

- ☐ to photograph or film my child, whose identity is stated above, during internal activities of the SEA in which it is taking part.

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

#### **2. Authorisation and use of images beyond daily SEA 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).
- ☐ Use of images on the website [www.schoul-leidelang.lu](http://www.schoul-leidelang.lu)

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 the latter's 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 that I have full civil rights in respect of the minor named above.

Luxembourg, \_\_\_\_\_

**Date and signature:** \_\_\_\_\_