

must be submitted to the SEA

Date of application : \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## Enrolment Form

Service d'éducation et d'accueil Leudelange

School year 2025 – 2026

Must be submitted before 22.05.2025

### I. CHILD

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

### CYCLE CURRENTLY ATTENDED

School Cycle	Non scolarisé	Cycle 1	Cycle 2	Cycle 3	Cycle 4
<b>Currently attended cycle</b>	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

**Food allergies or food intolerances without risk of an anaphylactic shock must be certified by your doctor.**

Food to be excluded:

**Diets** (no pork, vegetarian, etc.) : please tell us which foods your child **should not** eat.  
We will respect this information as far as possible.

Normal Menu	
Menu without pork	
Menu without meat	
Vegetarian Menu (no fish/no meat)	

### MEDICAL INFORMATION

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

- 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

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

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

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

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

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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)

## Terms and signatures

The deadline for submitting registration forms is 22.05.2025. Registrations received after this date 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
- Manager assistant – Christophe Diogo

During one of these periods :

- 05.05-08.05 between 08.00hr and 10.00hr
- 12.05-16.05 between 16.30hr and 18.30hr
- 19.05-22.05 between 16.30hr and 18.30hr

All children wishing to attend the SEA from 18.08.2025 must be enrolled using this enrolment form or the renewal letter. The enrolment form must be signed by the legal guardians. For the period from 18.08.2025 to 12.09.2025, the 'summer holiday' registration form will be required.

### 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 4. Parental consent "Trips to and from the SEA – Home / club"
- 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.

If you have any questions, please don't hesitate to contact us!



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**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 ...../...../ 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 p

Comment :

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





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**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:

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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-leideleng.lu](http://www.schoul-leideleng.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:** \_\_\_\_\_

