

must be submitted to the SEA

Date of application : ____ / ____ / 20__

Registration contract

Service d'éducation et d'accueil Leudelange

SEAS Leudelange

Must be submitted before 15.05.2026

School year 2026-2027

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"/> | | | | | | | | | | | | | | | | | | | | |

REGISTRATION OPTIONS

| | | | |
|------------------------------|----------------------------------|------------------------------------------|-------------------------------------|
| Types of registration | SEAS <input type="checkbox"/> | SEAS & LASEP <input type="checkbox"/> | LASEP only <input type="checkbox"/> |
| Registration options | Regular <input type="checkbox"/> | Irregular <input type="checkbox"/> | |

CYCLE CURRENTLY ATTENDED

| School Cycle | | 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 | | | |
| | | 1.1 <input type="checkbox"/> | 2.2 <input type="checkbox"/> | 3.2 <input type="checkbox"/> | 4.2 <input type="checkbox"/> |
| | | 1.2 <input type="checkbox"/> | | | |

must be submitted to the SEA

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, which one ?

No

Disease (specific health needs)

Does your child suffer from a chronic disease (diabetes, epilepsy, asthma, heart disease, etc.)?

Allergies that could lead to **anaphylactic shock**?

If yes, please have the **Individualized Care Project (PAI)** completed by your doctor and attach the corresponding **Emergency Action Plan**.

As part of the daily care, I/we authorize the educational staff to use the products listed under "Daily care" of the internal rules and regulations.

First-aid products:

Daily care products:

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Cedium spray for disinfection • Arnica cream / stick for bruises and hematomas • Calmiderm gel for insect bites and sunburn • Flamigel for superficial burns and minor wounds | <ul style="list-style-type: none"> • Body wash gel • Wet wipes |
| | Occasional care products: |
| | <ul style="list-style-type: none"> • Sunscreen to protect the skin from the sun |

If you have an allergy or intolerance and/or do not agree to the use of the above care products, please bring alternatives with the following information:

- First aid products are only administered with the written consent of legal representatives (see Appendix 6) and in the presence of a valid medical prescription.
- Daily and occasional care products are only administered with the written consent of legal representatives (see Annex 6 A).

must be submitted to the SEA

I. 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 | Hours/week | Hours/week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer (please attach the employer's certificate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email (readable please) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 the registration forms is **15.05.2026**. Registrations received after this date will only be considered if the maximum capacity has not yet been reached.

All forms are available at the SEAS parents' corner. They can also be consulted and downloaded from the Luxembourg Red Cross website: <https://www.croix-rouge.lu/fr/service/maisons-relais-creches/> For children already attending SEAS, the registration forms will also be sent to you by email.

The complete registration file must be submitted by email to the following address:

- relais.leudelange@croix-rouge.lu
- Email subject: « *SEAS Registration Contracte 2026–2027* »



If your file is complete, you will receive a signed version of the registration contract from the SEAS office. If any documents are missing, you will be informed as soon as possible. The contract is only valid once it has been signed by the legal representatives as well as by SEAS.

The following documents must be attached to the registration contract:

- **Work certificates** dated less than 3 months for the legal representatives, confirming that you hold a salaried job and indicating your weekly working hours, or proof of registration with ADEM.
- **Copy of the child's social security card.**
- **Copy of the child's vaccination record.** The legal representatives are responsible for ensuring that the vaccination record is up to

date. The Luxembourg Red Cross does not verify vaccinations. The collection of this data is required by the Health Inspection Division of the Ministry of Health.

- **Annex 1 or 2:** Regular or irregular attendance form for the basic plan (during school periods).
- **Annex 8:** Authorization for the taking and/or publication of images (photographs or videos) for minors under 13 years old.

The following documents may optionally be attached to the registration contract:

- **Annex 4:** Parental authorization for travel to/from home or to/from a club.
- If applicable, a **recent medical certificate confirming allergies and/or intolerances.**
- For children with **specific health needs: the Individual Care Plan and the Emergency Action Plan.**
- **Annex 6:** Direct debit authorization, duly completed and signed, accompanied by a bank account statement (RIB), for new registrations or if your bank details have changed.
- **Annex 11:** *Dimmi* for newly identified gifted children.
- If applicable, a copy of the **court judgment/interim order regarding educational rights.**

must be submitted to the SEA

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*.

The registration form must be signed by both legal representatives.

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)

For the Luxembourg Red Cross :

Name and Signature of the SEAS manager: _____

must be submitted to the SEA

Annex 1: Attendance sheet for school year 2026/2027

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 2026/2027 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 12.05pm

Comment :

Date and signature: _____

Annex 8: 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 : Leudelage

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 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 ticked number 1, you can ignore number 2.



2. Authorisation and use of images beyond daily SEA activities

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):

- 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 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).
- the publication of photographs in the ‘Gemengebuet’ (local newspaper) and on the local website

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.

Leudelange, _____

Date and signature: _____