

Date of application : ____ / ____ / ____

Enrolment Form

Service d'éducation et d'accueil Stadtbredimus

Must be submitted by 29.4.2022

School year 2022-2023

I. Child

SURNAME															
First Name															
Social security number	<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></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	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Currently attended cycle (Please do not tick anything if the child does not go to school yet)	Précoce <input type="checkbox"/>	2.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	4.1 <input type="checkbox"/>
	Précolaire : 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	4.2 <input type="checkbox"/>

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.

Box to tick - Menu offered by *CR Services*

* Information provided by the legal representatives on a voluntary basis

MEDICAL INFORMATION

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

Care products

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

Yes

No

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" style="width: 100%; height: 20px;"><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" style="width: 100%; height: 20px;"><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><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																																											
Mobile phone number*																																											
Work phone number*																																											

* Please indicate 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

III. Third party authorisation

Authorise a third party to pick up your child*			
Surname and first name		Emergency contact	Relationship with the child (e.g.: grandparents, neighbours, ...)
Name 1		<input type="checkbox"/>	
Tel.:			
Name 2		<input type="checkbox"/>	
Tel.:			
Name 3		<input type="checkbox"/>	
Tel.:			
Name 4		<input type="checkbox"/>	
Tel.:			

***Please note that you must provide a copy of the ID card of any person who is not the child's legal representative and whom you authorise to pick up your child.**

▪ Terms and signatures

The deadline for submitting enrolment forms is 29.4.2022. You will receive a confirmation of enrolment after 15.5.22 Applications submitted after the 29.4.2022 will only be considered if the maximum capacity has not yet been reached.

Children wishing to attend the *Service d'éducation et d'accueil* starting on September 2022 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:

- **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 ID card** of of the persons having parental authority as well as of any other person authorised to pick up the child.
- Copy of the child's **social security card**.
- 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.
- **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.
- If applicable, a **copy of the judgment / summary judgment on parental authority**.
- Annex 1: **Attendance sheet**.
- Authorisation for the taking and / or publication of images (photographs or videos) for minor children under the age of 13.

Please complete:

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.
3. The general notice on the protection of personal data - *Service d' education et d'accueil* of the Luxembourg Red Cross .

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: _____, ____/____/_____

Signature of legal representatives:

(father, mother, legal representative)

(father, mother, legal representative) ____