



Date of request: \_\_\_ / \_\_\_ / \_\_\_\_\_

**registration contract**  
**for the Education and Childcare Service “Bei de Kueben”**  
**School year 2026-2027**

**Must be submitted by 24 th of April 2026**

## I. Child

<b>NAME</b>			
<b>First name</b>			
<b>Matricule</b>			
<b>Adress</b>	L-	residence	
	Street	N°	
<b>Spoken languages</b>			
<b>Sex</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	other <input type="checkbox"/>

### registration options

<b>Types of registration</b>	SEAS <input type="checkbox"/>	
<b>Registration options ROI D.1 and D.2.</b>	Regular <input type="checkbox"/>	Irregular <input type="checkbox"/>

Class level	Cycle 1	Cycle 2	Cycle 3	Cycle 4
<b>Current class</b>	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"/> 1.2 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	4.2 <input type="checkbox"/>

## restauration

**Food allergies or intolerances without risk of anaphylactic shock** must be certified by your doctor. (with risk of anaphylactic shock, see “medical information” below)

Foods to exclude :

**Special diets** (no pork, vegetarian, etc.): please tell us what foods your child should not eat. We will respect your instructions as far as possible.

Foods to exclude:

**CYCLE ATTENDED during the school year 2026/2027**

## medical information

	Yes*	No
<b>Medical diagnosis</b> (specific health needs) Does your child suffer from a chronic illness (diabetes, epilepsy, asthma, heart condition, etc.)?		
<b>Allergies</b> that could lead to <b>anaphylactic shock</b> ?		
If so, please have your doctor complete the <b>PAI (Projet d'Accueil Individualisé)</b> and attach the corresponding <b>Emergency Action Plan</b> .		

**\*Please indicate details in the box.**

**As part of daily care, we authorise educational staff to use the products listed below:**

**First aid products:**

Cedium spray for disinfecting  
 Arnica cream or stick for bruises and haematomas  
 Calmiderm gel for insect bites and sunburn  
 Flamigel for superficial burns and minor wounds

**Daily care products:**

Body wash gel  
 Protective and repairing nappy cream  
 Wet wipes

**Occasional care products:**

Sun cream 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 5) 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).





### III. Authorisation for third parties

Authorize a third person to collect your child from the Education and Childcare Service*.			
Name + first name		Emergency contact	Relationship with the child (e.g. grandparents, neighbours, etc.)
Name 1		<input type="checkbox"/>	
Tel.:			
Name 2		<input type="checkbox"/>	
Tel.:			
Name 3		<input type="checkbox"/>	
Tel.:			
Name 4		<input type="checkbox"/>	
Tel.:			



## Terms and conditions and signatures

The enrolment contract must be signed by both legal representatives and include all the required supporting documents. Incomplete enrolment applications will only be considered once the file is complete. Enrolment can only be granted if the admission criteria are met and subject to maximum capacity.

You will receive confirmation of your registration by post.

The following documents must be enclosed with the registration form:

- Recent **employment certificates that are no more than 3 months old** and stating the hours you work each week from people with educational rights, or proof of registration with ADEM. dated within the last 3 months.
- Copy of the child's **social security card**.
- Where applicable, a recent **medical certificate** attesting to allergies and/or intolerances.
- For children with specific health needs, the **Individualized Reception Plan and the Emergency Action Plan (PAI)**.
- Copy of the **child's vaccination card**. The legal representatives are responsible for ensuring that the copy of the vaccination card is up to date. The Luxembourg Red Cross does not check vaccinations. The collection of this data is ordered by the Health Inspection Division of the Ministry of Health.
- Where applicable, a **copy of the judgement/reference for education rights**.
- Annex 1 or 2: **regular or irregular Attendance sheet in the basic plan (during the school year)**
- Annex 6: **Direct debit order** duly completed and signed accompanied by bank details (RIB), for new registrants or if your bank details have changed.
- Annex 11: autorisation **DIMMI application**
- Annex 13: **Authorisation for the taking and/or publication of images** (photographs or videos) for minors under 13 years of age



**Please complete :**

I/We acknowledge having received and read:

1. the internal regulations of the Education and Childcare Service
2. the specific information notice on the processing of personal data in the form of images (photographs or videos) captured by the Luxembourg Red Cross (annex 10 ).
3. The general notice on the protection of personal data - Education and childcare services of the Luxembourg Red Cross (annex).

attached to this registration form and expressly accepts them.

I/we certify that the information given on this registration form is complete, true and in accordance with the law.

I/we expressly and explicitly consent to the processing of my/our child's health data entered above by the SEAS Bei de Kueben Education and Childcare Service.

Incomplete applications or applications containing incorrect information will not be taken into account and may result in the child's exclusion. Legal guardians undertake to communicate any changes as soon as possible, so that the child's file can be updated.

**Place and date:** \_\_\_\_\_, on \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Signature of legal representatives\*:**

**(father, mother, legal representative)**

**(father, mother, legal representative)**

\* The registration form must be signed by every legal representative.

**For the Luxembourg Red Cross,**

**Thimmesch-Wagner Nathalie**

**Signature of the SEAS manager** \_\_\_\_\_