

Application date: ____ / ____ / ____

Registration contract for the Education and Childcare Service Junglinster

School year 2026-2027

I. Child

Name													
First name													
Matricule /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> </tr> </table>												
Address	L-	Residence											
	Street		N°										
Spoken languages													
Sex	Male ☐	Female ☐	Other ☐										

Registration options

Regular ☐	Irregular ☐
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Cycle attended during the school year 2026/27

Class level	Kindergarten	Primary				
Current class	KG1 ☐ KG2 ☐	P1 ☐	P2 ☐	P3 ☐	P4 ☐	P5 ☐

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.

MEDICAL INFORMATION

	Yes, which one ?	No
Medical diagnosis (specific health needs) Does your child suffer from chronic illness (diabetes, epilepsy, asthma, heart condition, etc.)?		
Allergies that could lead to anaphylactic shock ?		

If so, please have your doctor complete the **PAI (Projet d'Accueil Individualisé)** and attach the corresponding **Emergency Action Plan**.

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

First aid products:

Cedium spray for disinfecting

Arnica cream or stick for bruises and hematomas

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 your child has an allergy or intolerance and/or you do not agree to the use of the above care products, please provide alternative products with the following information:

- First aid products are only administered with the written consent of legal representatives (see annex 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).

II. Legal representatives

	Mother ☐ Father ☐ Other: _____	Mother ☐ Father ☐ Other: _____
Name		
First name		
Adress	Identical to child's address Yes ☐ No ☐	Identical to child's address Yes ☐ No ☐
If : «No»	L- residence	L- residence
	street N°	street N°
Matricule/ social security number		
Spoken languages		
Professional activities	Yes ☐ No ☐hours per week	Yes ☐ No ☐hours per week
Employer (please attach employer's certificate)		
Email		
Phone		
Mobile phone		
Phone work		

If mother/father is not the legal representative, proof of the judgement is required.

*** Please indicate the number where we can reach you at any time during the day.**

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 e-mail.

The following documents must be enclosed with the registration form:

- Recent **employment certificates issued within the last 3 months** and stating the hours you work each week from legal representatives, or proof of registration with ADEM.
- 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 **Individualised Reception Plan (PAI) and the Emergency Action Plan**.
- 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 7: **Direct debit order** duly completed and signed accompanied by bank details (RIB), for new registrants or if your bank details have changed.
- Annex 11: authorization **DIMMI application**
- Annex 13: **Authorization for the taking and/or publication of images** (photographs or videos) for minors under 13 years of age

Please complete :

☐ I/We confirm 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 9).

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 International School Junglinster Education and Childcare Service.

Incomplete applications or applications containing incorrect information will not be considered 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*:

* The registration form must be signed by both legal representatives.

For the Luxembourg Red Cross

Signature of the SEAS manager _____

(Surname/first name):