

Registration form

Service d'éducation et d'accueil pour jeunes enfants « *Kannernascht Dippech-Garnech* »

Deadline for submission: 15 decembre 2025

I. Child

Surname										
Name										
Social security number										
Address	L-	City								
	Street					N°				
Gender	Male <input type="radio"/>			Female <input type="radio"/>			Other <input type="radio"/>			
Registration type	Regular <input type="radio"/>				Irregular <input type="radio"/>					

Restauration

Food to be excluded due to allergies or food intolerances*:	
Diets**: (no pork, vegetarian, etc.) please let us know what foods your child should not eat. We will respect your instructions <u>as far as possible</u> .	

* Food allergies or intolerances without risk of anaphylactic shock: must be certified by GP!

** provided by the legal representatives on a voluntary basis

MEDICAL INFORMATION

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

Care products

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

	Yes	No* if necessary, please indicate the alternative product and bring it to SEAJ
Cedium spray for disinfection		
Arnica Stick/cream for bruises		
Liniment for nappy changing		
Body wash gel		
Suncream to protect the skin from the sun		
Soothing protective and repair cream (red skin) without medication		
Naaprep to clean the nose		
Wet wipes		
Protective cream against cold and wind		

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 :		Identical to the child's address :
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
If : «No»	L-	City	L- City
	Street N°		Street N°
Social security number			
Languages spoken			
Professionnel activity	Yes <input type="radio"/> No <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
Employer (please attach employer's certificate)			
E-mail			
Phone number*			
Mobile phone number*			
Work phone number*			

* Please enter the number where we can reach you at any time of day.

¹ If mother/father is not the legal representative, then proof of judgment required.

² If mother/father is not the legal representative, then proof of judgment required.

Procedures and signatures

The registration form must be signed by the two legal representative(s), together with all the supporting documents requested. Incomplete applications will not be considered until the file is complete.

Actual registration can only be approved if the admission criteria are met, and in accordance with the number of places available.

The following documents must complete the registration 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 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.
- Direct debit order**, duly completed and signed, for the new registrations or if your bank details have changed (annex 6).
- Attendance sheet** (annex 1)
- Authorisation for the taking and / or publication of images** (photographs or videos) for minor children under the age of 13 (annex 10).
- 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.
- Where applicable, a **copy of the judgment/certificate of parental authority**.
- Annex 11: **DIMMI application** authorisation.
- Appendix 13 Authorisation for taking the temperature rectally.

Please complete:

I/we acknowledge having received and read:

1. The internal rules and regulations (School year 2025/2026) of the *Service d'education et d'accueil « Kannernascht Dippech-Garnech »*.
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 8).
3. The general notice on the protection of personal data of the *Service d'education et d'accueil « Kannernascht Dippech-Garnech »* of the Luxembourg Red Cross (annex 9), attached to this registration form and expressly accept/agree to them

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

I / we expressly and explicitly agree that the child's health data entered above may be processed by the *Service d'education et d'accueil « Kannernascht Dippech-Garnech »*.

Applications that are incomplete or contain incorrect information will not be considered. Legal representatives agree to communicate any changes as soon as possible, so that the child's file can be updated.

Place and date: _____, the _____ / _____ / _____

Signature of legal representatives:

(mother, father, legal representative)

(mother, father, legal representative)