

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

**registration contract for the Education and Childcare Service Stadtbredimus**  
**Must be submitted by 30.04.2026**

**School year 2026-2027**

**I. Child**

<b>NAME</b>															
<b>First name</b>															
<b>Matricule</b>	<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>														
<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"/>	SEAS & LASEP <input type="checkbox"/>	LASEP only <input type="checkbox"/>
<b>Registration options ROI D.1 and D.2.</b>	Regular <input type="checkbox"/>		Irregular <input type="checkbox"/>

**CYCLE ATTENDED during the schoolyear 2026/2027**

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 :

## MEDICAL INFORMATIONS

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

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

### First aid products:

Cedium spray for disinfecting “Hansaplast”
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 “dm Balea”
Protective and repairing nappy cream
Wet wipes “dm babylove feuchttücher sensitive”

### Occasional care products:

Sun cream to protect the skin from the sun “dm sundance sensitive 50”
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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).

## II. Legal representatives

	Mother <input type="checkbox"/> Father <input type="checkbox"/> other <sup>1</sup> : _____	Mother <input type="checkbox"/> Father <input type="checkbox"/> other <sup>2</sup> : _____																																								
<b>Name</b>																																										
<b>First name</b>																																										
<b>Adress</b>	Identical to child's address Yes <input type="checkbox"/> No <input type="checkbox"/>	Identical to child's address Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
<b>If : «No»</b>	L- residence	L- residence																																								
	street N°	street N°																																								
<b>Matricule</b>	<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></tr></table>																				
<b>Spoken languages</b>																																										
<b>Professional activities</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> ....Hours per week	Yes <input type="checkbox"/> No <input type="checkbox"/> ....Hours per week																																								
	mother <input type="checkbox"/> father <input type="checkbox"/> other <sup>3</sup> : _____	<b>Mother</b> <input type="checkbox"/> father <input type="checkbox"/> other <sup>4</sup> : _____																																								
<b>Employer (please attach employer's certificate)</b>																																										
<b>E-mail</b>																																										
<b>Tél. Privat* / GSM*</b>																																										
<b>Tél. work*</b>																																										

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

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

### 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 persons 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 **Individualised 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 8: Authorisation for the taking and/or publication of images** (photographs or videos) for minors under 13 years of age
- **Annex 11: autorisation DIMMI application**

**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 Stadtbredimus 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 both legal representatives.

**For the Luxembourg Red Cross**

**Signature of the SEAS manager**

\_\_\_\_\_

**Figueira Sylvie**