

Registration contract

Service d'éducation et d'accueil pour jeunes enfants Ermsdorf« Bei de Schleeken»

Deadline for submission: 30.4.2026

I. Child

Surname															
Name															
Social security number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>														
Address	L-	City													
	Street		N°												
Gender	Male <input type="checkbox"/>	Fémale <input type="checkbox"/>	Other <input type="checkbox"/>												
Registration type (See point C 1.1 and C 1.2)	Regular <input type="checkbox"/>		Irregular <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)	
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> .	

MEDICAL INFORMATION

	Yes, Which one	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 below:

First aid supplies :

Cedium spray for disinfection
Arnica Stick/cream for bruises
Calmiderm gel for insect bites and sunburn
Flamigel anti-burn cream
Eosine to dry the skin in case of irritation or diaper rash

Daily care products:

Liniment for nappy changing
Body wash gel
Soothing protective and repair cream (red skin) without medication
Wet wipes

Occasional care products:

Suncream to protect the skin from the sun
Naaprep to clean the nose
Protective cream against cold and wind

If your child has an allergy or intolerance and/or you 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 annex 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 5 A).

Procedures and signatures

The registration contract 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 subject to maximum capacity.

You will receive confirmation of your registration by email.

The following documents must complete the registration contract:

- Recent **employment certificates** (dating less than three months old) 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.
- 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
- If applicable, a **copy of the judgment/certificate of parental authority.**
- Attendance sheet**, regular or irregular basic planning during the school year (annex 1 or 2).
- Direct debit order**, duly completed and signed, for the new registrations or if your bank details have changed (annex 6).
- Authorisation for the taking and / or publication of images** (photographs or videos) for minor children under the age of 13 (annex 10).
- Authorisation to take part in the **Airtramp activity** (annex 12).
- Authorisation for taking the temperature rectally (annex 13).

Please complete:

I/we acknowledge having received and read:

1. The internal rules and regulations (School year 2026/2027) of the *Service d'éducation et d'accueil Ermsdorf « Bei de Schleeken »*.
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'éducation et d'accueil Ermsdorf « Bei de Schleeken »* of the Luxembourg Red Cross (annex 9), attached to this registration contract and expressly accept/agree to them

I / we certify that the information provided in the registration contract 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'éducation et d'accueil Ermsdorf « Bei de Schleeken »*.

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)

*The registration contract must be signed by both legal representatives and include all the required supporting documents.

For the Croix-Rouge luxembourgeoise

Signature of the Manager SEAJ: