

## Registration contract

Service d'éducation et d'accueil pour jeunes enfants « *Zwergenhaus* »

**Deadline for submission: 22<sup>nd</sup> May 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="radio"/>	Female <input type="radio"/>	Other <input type="radio"/>												
Registration type (See point C 1.1 and C 1.2)	Regular <input type="radio"/>		Irregular <input type="radio"/>												

### 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><b>Disease</b> (specific health needs)</p> <p>Does your child suffer from a chronic disease (diabetes, epilepsy, asthma, heart disease, etc.)?</p>		
<p><b>Allergies</b> that could lead to an <b>anaphylactic shock</b>?</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 (Mustela)
Body wash gel (Babylove)
Soothing protective and repair cream (red skin) without medication (Teva Dermocrem)
Wet wipes

#### **Occasional care products:**

Suncream to protect the skin from the sun (Sundance 30+/50+)
Naaprep to clean the nose
Face and body cream (Penaten)

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).

## 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> : _____																																								
Surname																																										
First Name																																										
Address	Identical to the child's address : Yes <input type="checkbox"/> No <input type="checkbox"/>	Identical to the child's address : Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
If : «No»	L- City	L- City																																								
	Street N°	Street N°																																								
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><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"><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>																				
Languages spoken																																										
Professionnel activity	Yes <input type="checkbox"/> No <input type="checkbox"/> .... hrs/week	Yes <input type="checkbox"/> No <input type="checkbox"/> .... hrs/week																																								
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.

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

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

## 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).
- DIMMI application** authorization (annex 11).

**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 « Zwergenhaus »*.
  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 « Zwergenhaus »* 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 « Zwergenhaus »*.

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:**

\_\_\_\_\_  
**Brück Noémie**