

Date of request: ____ / ____ / ____

Registration form for the Education and Childcare Service Berdorf

School year 2025-2026

Must be submitted by 30.04.2025

I. Child

NAME												
First name												
Matricule												
Adress	L-		residence									
	Street										N°	
Spoken languages												
Sex	Male <input type="checkbox"/>				Female <input type="checkbox"/>				other <input type="checkbox"/>			
SEA registration mode	Regular <input type="checkbox"/>						Irregular <input type="checkbox"/>					

CYCLE CURRENTLY ATTENDED

Class level	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Current class	Précoce <input type="checkbox"/> Préscolaire : 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/>	2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/>	3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/>	4.1 <input type="checkbox"/> 4.2 <input type="checkbox"/>

RESTAURATION*

Food allergies or intolerances without risk of anaphylactic shock must be certified by your doctor.
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	No
Medical diagnosis (specific health needs) Does your child suffer from a 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.		

<p>Care products</p> <p>As part of my/our daily care, I/we authorise the educational staff to use the products listed under the heading 'Illness': 'Daily care' in the internal regulations.</p> <ul style="list-style-type: none"> • Cedium disinfectant for disinfecting wounds • Arnica cream/stick for bruises and haematomas • Calmiderm cream/gel for insect bites and sunburns • Sun cream • Protective and repair cream (red skin) without medication • Flamigel Anti-burn cream/gel • Wet wipes <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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II. Legal representatives

	Mother <input type="checkbox"/> Father <input type="checkbox"/> other ¹ : _____	Mother <input type="checkbox"/> Father <input type="checkbox"/> other ² : _____
Name		
First name		
Address	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"/>
If : «No»	L- _____ residence	L- _____ residence

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

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

	street N°	street N°																																								
Matricule	<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>																				
Spoken languages																																										
Professional activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																																								
Hours per week																																										
	mother <input type="checkbox"/> father <input type="checkbox"/> other ³ : _____	Mother <input type="checkbox"/> father <input type="checkbox"/> other ⁴ : _____																																								
Employer (please attach employer's certificate)																																										
E-mail																																										
Tél. Privat*																																										
GSM*																																										
Tél. work*																																										

* 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.:			

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

⁴ If mother/father is not the legal representative, then proof required of the judgment/ summary judgment

□ Procedures and signatures

The deadline for submitting registration forms is the 30.04.2025. Confirmation of registration will be sent by post. Any enrolment after the 30.04.2025 will only be considered if the maximum capacity has not yet been reached. All children wishing to attend the Education and Childcare Service from 15.09.2025 must be enrolled using this enrolment form or the renewal letter. The enrolment form must be signed by the legal representatives.

The registration pack must be handed in personally at the Maison Relais on registration days. The following documents must be attached to the enrolment form:

- Recent **work certificates** from persons with educational rights certifying that you are in paid employment and stating the hours you work each week, 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 and the Emergency Action Plan (PAI)**.
- **Direct debit order** duly completed and signed, for new registrants or if your bank details have changed.
- 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: **Attendance sheet**
- **Authorisation for the taking and/or publication of images** (photographs or videos) for minors under 13 years of age

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 Berdorf 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)_____