

Date of request: ____ / ____ / ____

Registration form for the Education and Childcare Service Dippach

Must be submitted by 22.05.2025

School year 2025-2026

I. Child

| | | | |
|-----------------------|---|---------------------------------|------------------------------------|
| NAME | | | |
| First name | | | |
| Matricule | <div style="display: flex; justify-content: space-between;"> <div style="width: 20%; border: 1px solid black; height: 20px;"></div> <div style="width: 20%; border: 1px solid black; height: 20px;"></div> <div style="width: 20%; border: 1px solid black; height: 20px;"></div> <div style="width: 20%; border: 1px solid black; height: 20px;"></div> </div> | | |
| 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"/> | 2.1 <input type="checkbox"/> | 3.1 <input type="checkbox"/> | 4.1 <input type="checkbox"/> |
| | Préscolaire : | 2.2 <input type="checkbox"/> | 3.2 <input type="checkbox"/> | 4.2 <input type="checkbox"/> |
| | 1.1 <input type="checkbox"/> 1.2 <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 . | | |

Care products

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 internal regulations.

- Arnica cream/stick for bruises and haematomas
- Cream/gel for insect bites and sunburns
- Sun cream
- Protective and repair cream (red skin) without medication
- Anti-burn cream/gel
- Wet wipes

☐ Yes ☐ No

PARTICIPATION TO THE HINGERJUCK PROJECT

In February 2022, SEAS launched a new educational project 'Um Hingerjuck'. The children were given the opportunity to follow the development process from an egg to a hen. The various daily tasks are carried out by the children and educators:

- Feeding the hens
- Collecting eggs
- Taking responsibility for the welfare of the hens
- Monitoring safety
- Cleaning the henhouse



More information can be found in our newspaper 'Um Hingerjuck', which is distributed at the SEAS, or on the Dippach local authority website.

Permission to take part in the 'Um Hingerjuck' project

I/we give permission for our child to take part in the 'Um Hingerjuck' educational project.

☐ Yes ☐ No

II. Legal representatives

| | | |
|---|--|--|
| | Mother <input type="checkbox"/> Father <input type="checkbox"/> other ¹ : _____ | Mother <input type="checkbox"/> Father <input type="checkbox"/> other ¹ : _____ |
| Name | | |
| First name | | |
| Address | Identical to child's address: Oui <input type="checkbox"/> Non <input type="checkbox"/> | Identical to child's address: Oui <input type="checkbox"/> Non <input type="checkbox"/> |
| If : «No» | L- residence | L- residence |
| | street N° | street N° |
| Matricule | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> | <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| Spoken languages | | |
| Professional activities | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hours per week | | |
| 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.

AUTHORIZATION FOR THIRD PARTIES

Any other person than the parents who is authorized to collect the child must be notified to SEAS by completing the **annex 4- Parental authorization for third parties**.

TRAVEL AUTHORIZATION

In the case where your child is allowed to go home alone or has to go alone or accompanied to an extracurricular activity at the Schouweiler school site, a travel authorization must be submitted to the Dippach Education and Childcare Service.

- **Annex 5: Parental authorization « Transfers home »**
For all transfers between the SEAS and the child's home in case the child has to leave the SEAS alone.
- **Annex 5a: Parental authorization « Transfers to a club »**
For all transfers between SEAS and an activity on the Schouweiler primary school site.

Any form that is not correctly completed or submitted by the deadline will not be considered.

¹ 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 **22.05.2025**. Confirmation of registration will be sent by post. Any enrolment after **22.05.2025** will only be considered if the maximum capacity has not yet been reached. All children wishing to attend the Education and Childcare Service from 15th September 2025 must be enrolled using this enrolment form or the renewal letter. The enrolment form must be signed by the legal representatives.

The enrolment form should be returned to the following e-mail address relais.dippach@croix-rouge.lu or handed in directly at the SEAS.

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)**.
- 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
- **Annex 7**: Direct debit order duly completed and signed, for new registrants or if your bank details have changed.
- **Annex 8**: Authorization 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 9).
3. The general notice on the protection of personal data - Education and childcare services of the Luxembourg Red Cross (annex 10).

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 Dippach Education and Childcare Service.

Incomplete applications or applications containing incorrect information will not be considered 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.

It is essential that the legal representatives sign a cheque service contract for their child, to benefit from the partial or total financial contribution from the State. You can sign up for this cheque service at your municipality.

Place and date: _____, on ____ / ____ / ____

Signature of legal representatives:

(father, mother, legal representative)

(father, mother, legal representative)