

Parents / Legal representatives

	<u>PARENT 1</u>		<u>PARENT 2</u>																																									
	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other : _____		Mother <input type="checkbox"/> Father <input type="checkbox"/> Other : _____																																									
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>																					
Spoken languages																																												
Professional activity	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>																																									
Hours per week																																												
Employer																																												
E-mail																																												
Phone number*																																												
Mobile phone number*																																												
Work phone number*																																												

* Please indicate a number where we can reach you at any time of the day

Food allergies, food intolerances and diets

A doctor must certify food allergies or a food intolerance without the risk of an anaphylactic shock.

Food to be excluded :

Diet (no pork, vegetarian,...) : please let us know which foods your child should not eat. We will do our very best to respect your request.

Food to be avoided :

Health information

	Yes	No
Illness (specific health needs) Does your child suffer from a chronic illness (diabetes, epilepsy, asthma, heart condition, etc...) ?		
Does your child have a disability ?		
Allergies that could lead to an anaphylactic shock?		
If yes , please have the Individualized Care Project (PAI) completed by your doctor and attach the corresponding Emergency Action Plan . The person in charge of your child's site will contact you before the start of the school year to set the terms for the best admission of your children to the relay house.		

Specific needs / individual care

	Yes	No
Does your child's health require individual and/or specific care (adapted equipment, care, special supervision)?		
If so , your child's site manager will contact you before the start of the school year to determine the terms and conditions for your child's admission to the relay house.		

Care products

	Yes	No
As a part of the daily care, I/we give my/our consent to the educational staff to use the products listed under « illness/daily care » in our internal rules and regulations (ROI)		

The following documents are mandatory to complete the enrolment file:

<p>Certificate of affiliation to the CCSS (neither employment contract nor certificate from your employer please) of the persons invested with the right of education. This form can be requested at https://ccss.public.lu/fr/commands-certificats/particuliers/command-certificat-affiliation/command-certificat-affiliation.html</p>	
<p>Copy of the child's social security card</p>	
<p>Copy of the child's vaccination card The legal representatives are responsible for keeping the vaccination card up to date. The Luxembourg Red Cross does not check the vaccines. The Sanitary Inspection Division of the Ministry of Health orders the request for this information.</p>	
<p>Annex 1 : Schedule sheet 2024-2025</p>	
<p>Annex 3 : Parental authorization form for third parties if you authorize other people to pick up your child at the Education and Reception Service</p>	
<p>Annex 7 : Direct debit order, fully completed and signed, for the new enrollments or if your bank details have changed</p>	
<p>Annex 10 : Consent for the taking and/or publication of images (photographs or videos) for minor children under the age of 13</p>	
<p>Annex 11 : Authorization for the use of the Dimmi application</p>	
<p>If applicable, a copy of the judgment/summary judgment on parental authority</p>	
<p>If applicable, a recent medical certificate attesting allergies and/or intolerances.</p>	
<p>For children with specific health needs: - the individual care project (PAI) - the Action plan in case of Emergency</p>	

Please complete :

I acknowledge / we acknowledge having received and read:

- The internal regulations of the *Service d'éducation et d'accueil* (download on www.ecoles-strassen.lu)
- The information sheet on the processing of personal data in the form of images (photographs or videos) taken by the Luxembourg Red Cross (annex 10)
- The general notice on the protection of personal data - *Service d'éducation et d'accueil* of the Luxembourg Red Cross (annex 12),

and expressly accept them.

I / we certify that the information provided in the enrolment form is complete, truthful and legal.

I / we expressly and explicitly consent to the child's health data provided above being processed by the *Service d'éducation et d'accueil*.

Enrollments containing incorrect information or that are incomplete will not be taken into consideration and may result in the exclusion of the child. The legal representatives are responsible for communicating any changes as soon as possible, in order to keep the child's file up-to-date.

Place and date: _____, ____/____/_____

Signature of legal representatives:

(Father, mother, legal representative) (Father, mother, legal representative)

Registration details

- PLEASE READ CAREFULLY -

All children wishing to attend the Education and Care Service from September 15, 2024 must be registered using this registration form.

Complete registration files must be delivered by hand:

During the week from Monday 13 to Friday 17 May 2024
between 2 p.m. and 7:00 p.m.
at the ground floor of the Martyrs school

The deadline for submitting registration forms is Friday, May 17 at 7 p.m.

Families wishing to register several of their children will have to submit the files to the respective counters for their children's cycles. Please allow for a longer waiting time.

The enrollments are prioritized according to the criteria listed in our internal rules and regulations and defined by the ministerial approval.

The families meeting the priority criteria will receive a confirmation of enrollment by July 1st 2024.

The families who do not meet the priority criteria will receive a confirmation/refusal of enrollment before September 1st 2024.

It is very important to inform us of any change in the family status or situation. This has a big impact on priority criteria.

The confirmation/refusal of enrollment will be send by email.

Attention 😊

Only the enrollment forms submitted during the planned timetable (indicated above) will be taken in to consideration. Forms sent by email or dropped in the letterbox will not be applicable.

Only the complete enrollment forms (filled, signed and containing all the necessary documents) are accepted. Please make sure the file is complete before drop off.

Families who cannot be present – for duly justified reasons – during the registration week are asked to contact the secretariat(s) of the cycle(s) of their child(ren) in order to make an appointment for the delivery of the files. However, the appointment must be set for May 10, 2024 at the latest.