

## CHILD'S CONTACT DETAILS

Name	
First name	
Matricule	
Gender	
Address	

## CURRENT SCHOOL INFORMATION

School	
Class	
Teacher	

## ENROLMENT DURING THE SCHOOL PERIOD

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Morning supervision</b>	<input type="checkbox"/> 6:30 – 7:00	<input type="checkbox"/> 6:30 – 7:00	<input type="checkbox"/> 6:30 – 7:00	<input type="checkbox"/> 6:30 – 7:00	<input type="checkbox"/> 6:30 – 7:00
	<input type="checkbox"/> 7:00 – 7:50	<input type="checkbox"/> 7:00 – 7:50	<input type="checkbox"/> 7:00 – 7:50	<input type="checkbox"/> 7:00 – 7:50	<input type="checkbox"/> 7:00 – 7:50
<b>Prépris supervision</b> (without meals)		<input type="checkbox"/> 11:40 – 12:30		<input type="checkbox"/> 11:40 – 12:30	
<b>Catering</b>	<input type="checkbox"/> 11:35 – 13:50	<input type="checkbox"/> 12:30 – 14:00	<input type="checkbox"/> 11:35 – 13:50	<input type="checkbox"/> 12:30 – 14:00	<input type="checkbox"/> 11:35 – 13:50
<b>Afternoon supervision</b>	<input type="checkbox"/> 15:50 – 17:00	<input type="checkbox"/> 14:00 – 17:00	<input type="checkbox"/> 15:50 – 17:00	<input type="checkbox"/> 14:00 – 17:00	<input type="checkbox"/> 15:50 – 17:00
	<input type="checkbox"/> 17:00 – 18:00	<input type="checkbox"/> 17:00 – 18:00	<input type="checkbox"/> 17:00 – 18:00	<input type="checkbox"/> 17:00 – 18:00	<input type="checkbox"/> 17:00 – 18:00
	<input type="checkbox"/> 18:00 – 19:00	<input type="checkbox"/> 18:00 – 19:00	<input type="checkbox"/> 18:00 – 19:00	<input type="checkbox"/> 18:00 – 19:00	<input type="checkbox"/> 18:00 – 19:00

Child:

Matricule :

## THE GUARDIANS

1)  Mother  Father  Legal representative

Name/First name	
Matricule	
Address	
Telephone(s)	
Email	

- This person is responsible for the child
- This person can modify the registration
- This person can pick up the child at the Maison Relais
- This person should be contacted in the event of a medical emergency

2)  Mother  Father  Legal representative

Name/First name	
Matricule	
Address	
Telephone(s)	
Email	

- This person is responsible for the child
- This person can modify the registration
- This person can pick up the child at the Maison Relais
- This person should be contacted in the event of a medical emergency

Child:

Matricule :

3)  Mother  Father  Legal representative

Name/First name	
Matricule	
Address	
Telephone(s)	
Email	

- This person is responsible for the child
- This person can modify the registration
- This person can pick up the child at the Maison Relais
- This person should be contacted in the event of a medical emergency

## FAMILY SITUATION

**Household with 1 adult living alone with the child, who**

- is working or in training  
(Please attach work or school certificate attesting to the number of hours per week)
- does not work
- benefits from REVIS (Please attach the relevant certificate)
- has a serious health problem that makes it impossible for him/her to look after the child during the hours requested (Please enclose a medical certificate)

**Always enclose an extended certificate of residence**

**Household with 2 adults, of which**

- 2 people work or are in training  
(Please attach work or school certificate attesting to the number of hours per week)
- 1 person works or is in training  
(Please attach work or school certificate attesting to the number of hours per week)
- the 2 people do not work
- the household benefits from REVIS (Please attach the relevant certificate)
- an adult has a serious health problem which makes it impossible for him/her to look after the child during the hours requested (please enclose a medical certificate)

**Please present a copy of your CSA contract when you pre-register your child.**

# PRE-REGISTRATION REQUEST 2024/2025

Child:

Matricule :

**PERSONS AUTHORISED TO PICK UP THE CHILD** (other than guardians)

Only people over the age of majority are authorised to pick up the child.

<b>1</b>	Name/First name	
	Telephone(s)	
	Relationship	

<b>2</b>	Name/First name	
	Telephone(s)	
	Relationship	

<b>3</b>	Name/First name	
	Telephone(s)	
	Relationship	

<b>4</b>	Name/First name	
	Telephone(s)	
	Relationship	

<b>5</b>	Name/First name	
	Telephone(s)	
	Relationship	

<b>6</b>	Name/First name	
	Telephone(s)	
	Relationship	

Child:

Matricule :

## CATERING

- The child does not eat pork.
- The child follows a vegetarian diet (no meat and fish).
- The child suffers from food allergies or intolerances (a medical certificate must be provided).

## HEALTH INFORMATION

- The child suffers from an illness or health recommendation.

### **If illness or health recommendations, which ones?**

(In the case of chronic illnesses, please submit the relevant certificates.)

## PHOTO/FILM AUTORISATION

I hereby authorise the Education and Care Service to:

- photograph and film my child as part of the Education and Care Service's activities
- distribute my child's image to the family circle of children enrolled in the Education and Care Service, to educational staff and, where applicable, to project partners on paper and electronically
- publish photos/films of my child in printed publications and/or on the websites of the communal administration of the Commune of Dudelange
- allow my child to be photographed for press publications

Neither the child's forenames nor surnames will be used in connection with the photos/films, and no photograph taken and/or publication will give any right to remuneration.

Child:

Matricule :

## EXCEPTIONAL CLOSURES

The different structures are closed:

- public holidays and weekends
- morning supervision on Monday 16.09.2024
- from 23.12.2024 until 27.12.2024
- Wednesday, the 31.12.2024 from 12 noon
- Friday, the 12.09.2025

## GUARDIAN(S) FINANCIAL CONTRIBUTION

The financial contribution of the guardians is defined in accordance with the tariff prescribed by the « chèque-service accueil ». **Enrolled children must have a valid service voucher card (CSA).**

## INTERNAL RULES

The child's guardians must be familiar with the internal rules. The version published on the [www.sea-dudelange.lu](http://www.sea-dudelange.lu) website is in vigour. By signing this pre-registration form, you acknowledge that you have read and agree to respect the rules in force.

## DATA PROTECTION

By signing this application form, the applicant explicitly authorises the Commune of Dudelage to use the data on this form for the organisation of communal care facilities. Further information can be found in the declaration on the protection of private data :<https://www.dudelange.lu/index.php/notice-legale> (contact: [dpo@dudelange.lu](mailto:dpo@dudelange.lu)). A paper copy of the information notice for the processing of personal data carried out in connection with the organisation of communal SEA facilities may be obtained from the SEA office located in the Town Hall (address: Hôtel de Ville, ground floor, office no. 7).

## INFORMATION AND DETAILS

If you have any further questions, please do not hesitate to contact us:

Administration of the Education and Care Facilities

☎ 51 61 21 - 5678

@ maison.relais@dudelange.lu

[www.sea-dudelange.lu](http://www.sea-dudelange.lu)

Office 7, Town Hall (ground floor, right wing)

Monday, Tuesday and Friday

from 8h00 - 12h00 and 13h00 - 17h00

Wednesday from 8h00 - 12h00 and 13h00 - 19h00

Thursday from 8h00 - 17h00

### Acknowledgement of receipt

The Commune of Dudelage hereby declares that they have received a request for pre-registration for the SEA facilities for the child:

Name and First name:

Matricule :

**This application constitutes a request for pre-registration.**

Date and signature SEA

Administrative file:

complete

incomplete

CSA:

yes

no

valid until \_\_/\_\_/20\_\_

**It is the guardians' responsibility to complete the application before the 29.03.2024.**

I, the undersigned, \_\_\_\_\_, guardian of the child

\_\_\_\_\_, declare that the information given on this form is correct.

Date:

Signature of the guardian:

Child:

Matricule :

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