# Registration form at the Maison Relais (School year 2025/2026)



# Please note: Incomplete registrations will not be considered and will be returned to you!

1) Child's details							
Surname:							
Firstname:							
House number and s	street name:						
Postcode:	L-		Town:				
Matricule:							
Place of birth:							
Sex:	female	male o	ther	Na	ationality	<b> </b>	
Language(s) spoken:	: luxembo	urgish fr	ench	german	englis	h portug	luese
Others:							
1.1) Child's schoolin	g (school year :	2024/2025)					
in Kleinbettingen	in Stein	fort					
Early Education	Cycle 1.1	Cycle 1.2	Cycle 2.1	Cycle 2	2.2		
Cycle 3.1 Cyc	le 3.2 Cycle	4.1 Cycle	2 4.2				
Name of class teache	er (if already kno	wn):					
2) Family situation	ſ						
Legal guardian 1:							
Fullname:							
House number and s	street name: lifot	her than the child's					
Postcode:	L-		Town:	if other than	the child's		
Matricule:							
Mobile phone numb	er:			Fax:			
Workplace phone number:			E-mail:				
Relationship:	father mot	her gua	rdian	other relati	ive		
Marital status:	single 1	married	civil unior	n divor	ced	separated	widowed

Legal guardian 2	:						
Fullname:							
House number and	d street name	· if other than the o	child's				
Postcode:	L-		Town:	if other than the chil	d's		
Matricule:							
Mobile phone num	nber:			Fax:			
Workplace phone number:			E-mail:				
Relationship:	father	mother	guardian	other relative			
Marital status:	single	married	civil unio	n divorced	separated	widowed	
3) Professional si	ituation					( )	
		the employe	ar stating th	o dailu or woold	u working how	re or a cortificate	
from the joint aff to be attached)	iliation cent	re in the case	er stating the e of self-emp	ployment must b	y working nou be attached. (Se	rs or a certificate se point 9: Document	
Legal guardian 1:							
Fullname:							
Task:			hrs per week				
Legal guardian 2							
Fullname:							
Task:	ask: hrs per day		hrs per week				
4) Person(s) auth	orised to co	llect the child	d (other than	n legal guardian:	5)		
Please attach a p	photo of the	persons auth	orised to col	lect the child for	· identification	purposes.	
Fullname:							
Mobile phone number:				Fax:			
Workplace phone number:		E-mail:					
Relationship:							
Mobile phone num	nber:			Fax:			
Workplace phone				E-mail:			
Relationship:				2 matt.			
netationship.							

#### 5) Medical information about the child

Does the child have any health conditions requiring care at the Maison Relais? Yes No

If yes, which one(s)?

Allergie(s) Yes No If yes, which one(s)?

Has a PAI (Projet d'accueil individualisé) already been established? Yes No

Does the child take any medication? Yes No

If your child needs to take medication whilst at the Maison Relais, parental authorisation and a medical prescription with the exact dosage must be attached. (see point 9: Documents to be attached)

Physical or mental disability: Yes No

Does the child require a special diet for religious reasons? Yes No

If so, which one?

Does the child require a special diet for medical reasons? Yes No

If so, which one?

#### A medical certificate must be attached to this application.

Can the child participate in all activities/sports? Yes No

If not, which ones should be avoided:

# 6) Fixed registration for the whole year

Please mark the boxes of your choice with a cross: regular irregular

	Monday	Tuesday	Wednesday	Thursday	Friday
Time slot (7am - 7.50am)					
Time slot (11.50am - 1.50pm)					
Time slot (1.50pm - 4pm)					
Time slot (4pm - 6pm)					
Time slot (6pm - 6.30pm)					
Time slot (6.30pm - 7pm)					

School holidays: Yes No

After the provisional registration, a final registration form will be sent to you for all school holidays.

Remarks:

#### 7) Permission to travel home alone

I give my permission for my child to go home alone after the morning session or after-school activities (cycle 4 only).

# 8) Parental permission to administer medication

The Maison Relais staff is authorised to give my child the medicines listed below, if necessary:

Name of the medicine	For what treatment?	I give permission	I do NOT give permission
Fenistil Gel	Insect bites		
Octenisept Spray	Disinfection of wounds		
Arnica gel	Minor injuries		
In case of a tick bite, the Maison Relais staff is authorised to remove, clean, and disinfect the wound carefully.			

# 8.1.) Parental authorisation for the use of still and moving images taken at the Maison Relais

Do you authorise staff members to take photographs of your child undertaking activities and for these images to be included on various publications for the Maison Relais' actitivies?

Media	I give permission	I do NOT give permission
Print (Kanner- or Gemengebuet; Stengeforter Neiegkeeten; logbook; decoration of the walls in the halls and/or rooms of the Maison Relais); portfolio of activities that the children get at the end of the Spillnomëtteger sessions as a souvenir)		
Web (Website and social networks of the municipal administration and website of the Maison Relais and television (broadcast of Steinfort TV on ApartTV))		

#### 9) Documents to be attached

Copy of the child's identity card.

Copy of the child's vaccination card.

The attached certificate from the employer stating the working hours per day or per week, or a certificate from the joint affiliation centre in the case of self-employment, must be attached.

Photo of the persons authorised to collect the child for identification purposes.



# !! If applicable:

Children who are not registered for chèques-services pay the maximum rate (i.e., 7.50€ per hour) at the Maison Relais. Cards must be renewed every year!



I, the undersigned, responsible for the child, declare that the information given on this form is correct.

Maison Relais de Steinfort 7B rue de Hagen - L-8421 STEINFORT

or by e-mail to: maisonrelais@steinfort.lu

Place and date:

Signature of the parent/legal guardian:

### Protection of personal data

Information collected in the present form is necessary in the context of your "Registration form for school year 2024/2025 for the Maison Relais in Steinfort". This personal information will be the subject of computerised treatment which is necessary for the processing of your request. The only recipient of the information and personal data of the child, of the legal guardians, of the persons authorised to take back the child (other than the legal guardians) and of the medical information concerning the child is the Commune of Steinfort and the Maison Relais in Steinfort, as well as, after introduction of these personal data in the PGI programme of the SIGI (Syndicat Intercommunal de Gestion Informatique) and the Chèque-Service-Accueil programme, the Ministry of Education. They are registered in the computer system of the Commune and the Maison Relais, as well as in the PGI programme of the SIGI (Syndicat Intercommunal de Gestion Informatique) and in the Cheque-Service-Accueil programme of the Ministry of Education. Your data, the data of the persons authorised to take over your child and your child's data, as well as the documents to be attached to the application, are kept at the Commune for the time necessary to fulfil the purposes mentioned above and at the Maison Relais for the duration of your child's enrolment at the Maison Relais in Steinfort or for as long as the legislation requires us to keep them.

In accordance with Regulation (EU) 2016/679 on the protection of individuals about the processing of personal data and on the free movement of such data, you have the right to request from the controller access to, rectification or erasure of, or restriction of the processing of your data held about you and your child. You have the right to object to the processing of your data, the right to have your data deleted and the right to challenge a decision taken based on automated processes. In addition, you have the right to lodge a complaint with the Commission nationale de la protection des données (CNPD) if you consider that the processing of your data is not in accordance with the law.

If you wish to exercise any of your rights or withdraw your consent to the processing of your data, you can contact the Data Protection Officer of the Commune of Steinfort by e-mail: dpo@steinfort.lu, or by registered mail to:

DPO - Commune de Steinfort

4, Square Patton, L-8443 Steinfort

By submitting this form, you agree to the processing of your personal data, the data of the persons authorised to take over your child and the data of your child in the context of the processing of your "Registration form for school year 2024/2025 for the Maison Relais in Steinfort"

