



Commune de **B E R T R A N G E**

Registration form 2026-2027



Documents to be submitted

This document must be submitted, together with all the required certificates and copies, to the SEA management. If this is not done, it will be returned to you so that you can complete it with the missing documents.

Registration form

→ **Please note:**

The 'parental consent for travel abroad' form must be signed by a member of staff at the Population Services department of the local council in the place of residence

Medical certificate for food allergies or intolerances: the form must be completed by the **attending doctor**

Individualised Care Plan (ICP) for children with **chronic conditions or specific health needs**, such as allergies, food allergies, asthma, heart disease, diabetes, epilepsy and haemophilia.

Recent employment certificates mother father
employee(s) or civil servant(s)

The certificate must be completed by the employer, stating:

- the type of contract (permanent or fixed term ☑ including start and end dates)
- the occupancy rate (50%,75%,100% ...)
- the exact working hours

→ Employment contracts, payslips or other documents are not accepted!

or

Recent employment certificates for self-employed parents mother father
self-employed parents:

- a certificate of employment (sworn statement) drawn up by the person concerned
- the exact working hours

Certificate of membership issued by the CCSS→ to be submitted together with the employment certificate(s)

Copy of the **vaccination card**

Copy of **social security card**

Copy of the '**Chèque Service Accueil**' contract

Extended certificate of residence issued by the local authority of residence: for **non-resident families only**

Settling-in period: for children in the early years and Key Stage 1 who have not yet received support from the SEA.

Registration

I, the undersigned _____

surname and first name (of the mother, father or guardian)

hereby declare that my child

surname _____

First name _____

cycle in 2026/2027

cycle 1 Early childhood education

cycle 1.1

cycle 1.2

cycle 2.1

cycle 2.2

cycle 3.1

cycle 3.2

cycle 4.1

cycle 4.2

uses the services of the SEA.

Registrations, changes, and one-off or additional registrations will only be accepted subject to availability and following approval by the SEA management.

General information

Child

Surname _____
First name _____
Address _____
Registration number _____ Health insurance provider _____

PARENT(S) OU GUARDIAN(S)

mother father guardian

Surname _____
First name _____
Address (if different from the child's address) _____

Mobile phone _____
Office phone _____
E-Mail _____

mother father guardian

Surname _____
First name _____
Address (if different from the child's address) _____

Mobile phone _____
Office phone _____
E-Mail _____

EMERGENCY CONTACTS AND IN THE ABSENCE OF PARENTS/GUARDIANS

Surname _____ Surname _____
First Name _____ First Name _____
Mobile phone _____ Mobile phone _____

Surname _____ Surname _____
First name _____ First name _____
Mobile phone _____ Mobile phone _____

THE CHILD'S ATTENDING PHYSICIAN

Surname and first name _____
Phone _____

Information regarding your child's health

Has your child had any surgical procedures?

Yes

No

If so, which ones:

Has your child had any serious illnesses in the past?

Yes

No

If so, which ones:

Does your child currently have chronic conditions or specific health needs?

Yes

No

If so, which one:

If so, does your child have an Individualised Care Plan (ICP)?

Yes

No

→ A copy of the PAI must be enclosed with the registration form

Does your child have any allergies or food allergies?

Yes

No

If so, which one:

If so, does your child have an Individualised Education Plan (IEP)? → A copy of the PAI must be enclosed with the registration form

Yes

No

→ The attending doctor must complete the 'Medical certificate for food intolerance or allergy' page.

Does your child have a visual, motor or intellectual impairment ...?

Yes

No

If so, which one:

Does your child need special support?

Yes

No

If so, which one:

Does your child have bedwetting problems?

Yes

No

If so,

rather during the day

rather during the night

Does your child wear:

glasses

Yes

No

a hearing aid

Yes

No

an orthodontic appliance

Yes

No

Administration of medication

Does your child need to take medication regularly at SEA?

Yes

No

If so, which ones:

(Name of the
medicine)

→ a copy of the doctor's prescription must be enclosed with the application

Is your child able to take these medicines on their own at the SEA?

Yes

No

→ If not, please hand in the 'delegation of care' form

I give the SEA staff permission to administer the following medicines to my child if necessary:

Nurofen

Yes (following agreement by telephone) *

No

Paracetamol

Yes (following agreement by telephone) *

No

* If SEA staff are unable to contact you, they are not authorised to administer medication.

I give my consent for SEA staff to use the following creams and products on my child:

Arnica Cream

Yes

No

Bepanthen Cream

Yes

No

Fenistil Gel

Yes

No

Hibidil (disinfectant solution)

Yes

No

Biafine

Yes

No

Plasters

Yes

No

Sunscreen (la Roche Posay, Avène or similar)

Yes

No

Ticks

I give SEA staff permission to remove ticks

Yes (following agreement by telephone)

No

I give permission for staff to use tick spray

Yes

No

NOTES

Please provide any further important information regarding your child's health or behaviour that has not already been mentioned on the form:

Food

Is your child a vegetarian (who doesn't eat fish, meat or poultry)? Yes No

Does your child need to follow a diet? Yes No

If so, please list all foods and drinks to be avoided:

Additional information

Can your child swim? Yes Yes (but with armbands) No

Can your child take part in all activities (sports, etc.)? Yes No

If not, which ones should be avoided?

Medical certificate for the attending doctor

This medical form is valid for the 2026/2027 school year. It must be completed by a doctor and **only in cases of food intolerance.**

Child's surname and first name: _____

Child's registration number: _____

The child has food intolerance or another health condition requiring a special diet.

A detailed list of foods to avoid:

Meals at SEA Bertrange:
Children can eat the meals and snacks provided at the centre, subject to simple allergen avoidance.

yes no

Important note:

Despite all efforts and precautions taken, SEA Bertrange cannot guarantee that the meals prepared and served on site are free from accidental contamination.

Date:

The attending doctor's code, signature and stamp:

Parental consent

I give my consent to SEA staff, should they be unable to contact me beforehand

to consult a doctor of their choice in the event of illness or an accident.

Yes

No

I give my consent for my child to be photographed or filmed

within the **internal framework**

display within the SEA (e.g. noticeboards, activities, internal projects, DIMMI)

Yes

No

in the **external framework**

during local council and SEA events, excursions and external activities, and the council's external publications (local council newsletter, website, etc., and those of the SEA)

Yes

No

I give my consent for my child to take part in unscheduled school trips

by foot

Yes

No

by public transport

Yes

No

in the SEA van

Yes

No

Date _____ Location _____

Signature _____ *(father, mother, guardian)*

Parental consent for travel abroad

I undersigned,

Surname

First name

Date of birth

Address

acting as a parent, gives permission for the minor child

Surname

First name

Date of birth

to travel abroad with

Person

Personnel du SEA Bertrange

Institution

SEA Bertrange

Summer activities 2026

Destinations

Germany

France

Belgium

Valid from

15.09.2026

Valid until

14.09.2027

Furthermore, I solemnly declare that I have full parental authority over the child.

Bertrange,

Seen and approved

Signed on behalf of the undersigned

The declarant

On behalf of the mayor, by delegation dated 17
September 2025

The delegated officer*

*** This authorisation requires the signature of an official from the Population Department of the local authority where you live**

Enrolment for the academic period cycle 1 early childhood education

During the academic period, my child _____
 will be attending on the following days and at the following times (please tick as appropriate):

	Monday	Tuesday	Wednesday	Thursday	Friday
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School canteen

12.00-14.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Supervised study sessions and educational activities

14.00-15.00	-	<input type="checkbox"/>	-	<input type="checkbox"/>	-
15.00-16.00	-	<input type="checkbox"/>	-	<input type="checkbox"/>	-
15.45-16.00	<input type="checkbox"/>	-	<input type="checkbox"/>	-	<input type="checkbox"/>
16.00-17.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.00-18.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evening surveillance

18.00-18.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Enrolment for the academic period cycles 1-4

During the academic period, my child _____
 will be attending on the following days and at the following times (please tick as appropriate):

	Monday	Tuesday	Wednesday	Thursday	Friday
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Morning drop-off

7.00-8.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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School canteen

12.00-14.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Supervised study sessions and educational activities

14.00-15.00	-	<input type="checkbox"/>	-	<input type="checkbox"/>	-
15.00-16.00	-	<input type="checkbox"/>	-	<input type="checkbox"/>	-
15.45-16.00	<input type="checkbox"/>	-	<input type="checkbox"/>	-	<input type="checkbox"/>
16.00-17.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.00-18.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evening surveillance

18.00-18.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Registration for the school holidays

During the school holidays, my child _____

- does not use** the services of SEA Bertrange during the holidays.
- will be using** the services of SEA Bertrange and will be present on the following days and at the following times (please tick as appropriate):

	Monday	Tuesday	Wednesday	Thursday	Friday
7.00-8.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08.00-12.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.00-14.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.00-18.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.00-18.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTES regarding school holidays:

- Registration is valid from **15 September 2026 to 14 September 2027 inclusive**.
- You may withdraw your child(ren) in writing for the school holidays **ONE MONTH BEFORE** the start of the relevant school holiday week! Otherwise, the entire week will be charged as stated on this form!
- SEA Bertrange will remain closed on the dates and during the periods listed below:
 - public holidays
 - 24 December 2026: closes at 2.00 pm
 - from 28 December 2026 to 1 January 2027 inclusive
 - 19 July to 30 July 2027: closes at 2.00 pm
 - You can enrol your child(ren) in the **summer programme** once you have received a special edition of the local newsletter. The summer programme is a special programme for all children in the municipality of Bertrange, which runs every working day during these two weeks from 2.00 pm to 6.00 pm.
 - from 2 to 13 August 2027 inclusive.

Bertrange, _____

(date)

Signature _____

(mother, father or guardian)

Work certificate 2026–2027

Company name _____

Name of the person authorised to sign _____

This is to certify that Ms/Mr _____

born on _____

and living in _____

is employed as _____

since _____

under a permanent contract (CDI) yes

or

under a fixed-term contract (CDD) yes

If so, until _____

His current working hours are _____ hours/week.

Weekly hours:	working	Morning		Afternoon	
		from	to	from	to
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

- Regular working hours
- Flexitime is regarded as regular working hours (e.g. between 7.00 am and 9.00 am and between 4.00 pm and 6.00 pm)
- Irregular working hours or shift work

Will the employee be on parental leave during the 2026/2027 academic year? Yes No

If so full-time part-time split from _____ to _____

Location and date

Signature of the authorised signatory and company stamp

Work certificate 2026–2027

Company name _____

Name of the person authorised to sign _____

This is to certify that Ms/Mr _____

born on _____

and living in _____

is employed as _____

since _____

under a permanent contract (CDI) yes

or

under a fixed-term contract (CDD) yes

If so, until _____

His current working hours are _____ hours/week.

Weekly hours:	working	Morning		Afternoon	
		from	to	from	to
Monday					
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Thursday					
Friday					

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- Irregular working hours or shift work

Will the employee be on parental leave during the 2026/2027 academic year? yes no

If so full-time part-time split from _____ to _____

Location and date

Signature of the authorised signatory and company stamp
