

Surname, first name:
Matricule :

FOYER SCOLAIRE



SCHOOL YEAR 2025/2026 CHILD'S PERSONAL RECORD

CHILD

National ID no. (matricule): _____/_____/_____/_____

Surname: _____

First name: _____

Gender: Male: Female:

Address: Number: _____ Street: _____

Postcode: _____ Town: _____

Country: _____

Date of birth: ____/____/____ Place of birth: _____

Nationality: _____

Name of school: _____ Grade (Cycle): _____ Key stage (Ordre): _____

Teacher's surname and first name: _____

Child's spoken languages:

LU

FR

DE

EN

PT

IT

Other _____

SOCIAL SERVICES FILE

Yes No In progress Comments: _____

FATHER¹

Has parental authority: Yes No

National ID no. (matricule): _____/_____/_____/_____

Surname: _____

First name: _____

Civil status: _____ Employed: Yes No

Address: Number: _____ Street: _____

Postcode: _____ Town: _____

Country: _____

Mobile phone: _____ Work phone: _____ Home phone: _____

Fax: _____ E-mail: _____

Languages spoken: LU FR DE PT IT

EN Other _____

initials: _____

Surname, first name: _____
Matricule : _____

MOTHER¹

Has parental authority: Yes No

National ID no. (matricule): _____/_____/_____/_____

Surname: _____

First name: _____

Civil status: _____ Employed: Yes No

Address: Number: _____ Street: _____

Postcode: _____ Town: _____

Country: _____

Mobile phone: _____ Work phone: _____ Home phone: _____

Fax: _____ E-mail: _____

Languages spoken: LU FR DE PT IT
EN Other _____

GUARDIAN (PERSON OTHER THAN THE MOTHER OR FATHER)¹

National ID no. (matricule): _____/_____/_____/_____

Surname: _____

First name: _____

Civil status: _____ Employed: Yes No

Address: Number: _____ Street: _____

Postcode: _____ Town: _____

Country: _____

Mobile phone: _____ Work phone: _____ Home phone: _____

Fax: _____ E-mail: _____

Languages spoken: LU FR DE PT IT
EN Other _____

SIBLINGS

Surname and first name	Date of birth
1.	
2.	
3.	
4.	

Surname, first name:
Matricule :

COVERAGE OF ENROLMENT FEES / PAYER

- Father
- Mother
- Other

National ID no: ____/____/____/____ Expiry date of the CSA⁴ contract: ____/____/____

Comments: _____

WORK SCHEDULES

Father's work schedule

Name of employer	Monday	Tuesday	Wednesday	Thursday	Friday

Mother's work schedule

Name of employer	Monday	Tuesday	Wednesday	Thursday	Friday

Guardian's work schedule (person other than the mother or father)

Name of employer	Monday	Tuesday	Wednesday	Thursday	Friday

Any changes to work schedules must be reported.

Surname, first name: _____
Matricule : _____

DEPARTURE PROCEDURES

Unaccompanied child

I hereby authorise the foyer scolaire to allow my child to leave unaccompanied, and I assume full responsibility for this (applies only to children in Cycles 3.1 and above, or to children aged 9 and over).

Accompanied child²

The foyer scolaire staff cannot take responsibility for allowing children in classes 1.1, 1.2, 1.3, 2.1 and 2.2 to leave by themselves. I undertake to pick my child up or to designate another adult to do so, and I take full responsibility for this.

I do not want my child to leave the foyer scolaire alone. I undertake to pick my child up or to designate another adult to do so, and I take full responsibility for this.

Persons who are authorised to pick up the child or look after them if they fall ill:

Surname and first name: _____ yes no

Relationship to child: *Father*

Legal documents: _____

Comments: _____

Surname and first name: _____ yes no

Relationship to child: *Mother*

Legal documents: _____

Comments: _____

Surname and first name: _____ yes no

Relationship to child: *Guardian*

Legal documents: _____

Comments: _____

Other persons:

Surname and first name: _____ Mobile phone: _____

Address: _____ Work phone: _____

Relationship to child: _____ Home phone: _____

Comments: _____

Surname, first name: _____
Matricule : _____

Surname and first name: _____ Mobile phone: _____

Address: _____ Work phone: _____

Relationship to child: _____ Home phone: _____

Comments: _____

Surname and first name: _____ Mobile phone: _____

Address: _____ Work phone: _____

Relationship to child: _____ Home phone: _____

Comments: _____

Surname and first name: _____ Mobile phone: _____

Address: _____ Work phone: _____

Relationship to child: _____ Home phone: _____

Comments: _____

Surname and first name: _____ Mobile phone: _____

Address: _____ Work phone: _____

Relationship to child: _____ Home phone: _____

Comments: _____

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

Please complete and sign the authorisation form for the different types of extracurricular activities.

AKTIOUN BAMBESCH

In the event that my child participates in the Aktioun Bambèsch organised during school holidays by the Centre d'animation pédagogique et de loisirs (Creative Learning Centre – CAPEL), I am hereby notified that during these activities, CAPEL staff is responsible for supervising my child on the days and times during which this holiday activity is scheduled. During these activities, my child will therefore be under the sole responsibility of the CAPEL staff.

PHOTOGRAPHY, FILM

I hereby **authorise** the foyer scolaire staff to photograph and film my child in the context of educational activities. I also authorise the publication of this material in whole or in part in any document – whether on paper or for electronic circulation (online) – provided that the publication is related to the educational work of the Service Foyers scolaires (Childcare Department) or, in general, that the publication is related to the activities organised by said department. These photos may be sent to the Ministry of Education, Children and Youth (Ministère de l'Éducation Nationale et de la Jeunesse) in accordance with the regulations on the management of the childcare service voucher scheme.

initials: _____

Surname, first name: _____
Matricule : _____

I do not authorise the foyer scolaire staff to photograph or film my child in the context of educational activities.

MEALS

- menu of the day
 regular menu B (vegetarian meal)
 pork-free meal
 submission of special dietary needs form
- Date of submission of form: ____/____/____

HEALTH INFORMATION

Physician information

Surname and first name: _____ Phone: _____

Surname and first name: _____ Phone: _____

Surname and first name: _____ Phone: _____

Emergency contact person: _____

- The child **does not have** any health issues.
 The child **has** a specific health issue.

Illnesses

Type	Comments	Medical certificate	Date of medical certificate
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/>	____/____/____
<input type="checkbox"/> Epilepsy	_____	<input type="checkbox"/>	____/____/____
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/>	____/____/____
<input type="checkbox"/> Heart condition	_____	<input type="checkbox"/>	____/____/____
<input type="checkbox"/> Allergies	_____	<input type="checkbox"/>	____/____/____
<input type="checkbox"/> Other	_____	<input type="checkbox"/>	____/____/____

Other conditions that require monitoring or special care when the child is at the foyer scolaire:

Medicine to be administered

- No
 Yes³ Medical certificate submitted Date of medical certificate: ____/____/____

initials: _____

Surname, first name:
Matricule :

List of activities forbidden by the physician

Activity	Comments	Medical certificate	Date of medical certificate
_____	_____	<input type="checkbox"/>	____/____/____
_____	_____	<input type="checkbox"/>	____/____/____
_____	_____	<input type="checkbox"/>	____/____/____

SPECIAL NEEDS OF THE CHILD

- The child does not have any special needs for daily supervision at the foyer scolaire.
- The child has special needs for daily supervision at the foyer scolaire. If there are any reports or certificates documenting the special need, they must be submitted no later than the date of enrolment.

Surname, first name:
Matricule :

I have reviewed the policies and procedures of the City of Luxembourg's foyers scolaires and I hereby authorise the staff to take any necessary emergency actions in the event of a medical emergency or accident (e.g. call an ambulance), and to have the child attended to as promptly as possible while notifying the person(s) listed above under HEALTH INFORMATION.

The activities of the foyers scolaires are organised based on the amended law of 6 February 2009 organising elementary education (loi modifiée du 6 février 2009 portant organisation de l'enseignement fondamental).

Through express agreement and in accordance with the current laws on the protection of personal data, I hereby authorise the City of Luxembourg to process the data provided through this form and any data shared subsequently in order to perform the duties assigned to it under the aforementioned law of 6 February 2009, and to guarantee the appropriate supervision and safety of the child at the foyer scolaire and during activities organised by it. I am aware that if any form is not filled out in its entirety, the City of Luxembourg is entitled to reject the enrolment of my child in the foyer scolaire.

I am also aware that I will be held liable for any false information or lack of information.

Additional information:

The aforementioned personal data is stored in accordance with the applicable laws, particularly regarding the childcare service voucher scheme.

The data controller is the municipal administration of the City of Luxembourg, located at 42 Place Guillaume II, L-1648 Luxembourg.

You have the right to access and rectify your data, and to restrict the processing of your data. You may exercise this right by sending a letter to the City of Luxembourg at the address listed above, or by sending an email to DPO@vdl.lu.

You have the right to withdraw your consent regarding the processing of the aforementioned personal data and to object to this processing at any time. If you do so, the City of Luxembourg reserves the right to refuse your child admission to the foyer scolaire.

You also have the right to lodge a complaint with the National Commission for Data Protection (Commission nationale pour la protection des données): www.cnpd.lu.

Please add handwritten mention "Read and approved"

_____ / / _____
Surname and first name of the parent(s) with parental authority, or of the guardian:

Signature: _____

Surname, first name:
Matricule :

WITHDRAWAL FROM THE FOYER SCOLAIRE

Date of withdrawal: ____/____/____ Comments: _____

Surname and first name of the parent(s) with parental authority, or of the guardian:

Date of signature: ____/____/____

Signature: _____

- 1) If one or both parents do not have parental authority, a copy of the document (court ruling or other) naming the child's representative must be submitted.
- 2) The policies and procedures of the City of Luxembourg's foyers scolaires must be observed.
- 3) Fill out and sign the "Medicine to be administered" document.
- 4) CSA = chèque service accueil (childcare service voucher scheme)

initials: _____