



Federation of St. Sebastian's & St. Cuthbert's

Extended Schools SPLASH, Holly Road, Fairfield, Liverpool L7 0LH

0151-260-9697



Registration Form

1. Child's Details

Name of Child:..... Date of Birth:.....

Address:..... Postcode:.....

Telephone:.....

Name of Parent / Guardian:.....

Address:..... Postcode:.....

Telephone:.....

2. Emergency Contact Details

In the event of a parent / guardian not being available in an emergency, TWO alternative names, addresses and telephone numbers are required:

i) Name:..... Relationship to the child:.....

Address:..... Postcode:.....

Telephone:.....

ii) Name:..... Relationship to the child:.....

Address:..... Postcode:.....

Telephone:.....

3. Collection

Who will normally collect the child:.....

Parents / guardians must inform staff if there will be any changes to this arrangement.

Name of person other than the parent who may collect the child.

Name:..... Relationship to the child:.....

4. Doctor's Details

Doctor's Name:

Address:..... Telephone:.....

Medical Requirements:.....

5. Consents (please circle)

I **do** / **do not** give consent for staff to seek emergency medical treatment in the event of an accident or serious illness.

I **do** / **do not** give consent for my child to be taken on local outings, given the Outings Policy is met.

I **do** / **do not** give consent for photographs / video footage of my child participating in SPLASH activities to be used on the school website or for advertising purposes.

6. Optional Information (this information will be used only for funding bids)

Ethnic Origin:..... Employment Status:.....

Language spoken at home:.....

SIGNED:.....

DATE:.....