



# Lilliput



## Student Information Registration Form

Child's surname: \_\_\_\_\_ Child's first name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Which languages are spoken at home?

\_\_\_\_\_

### Name and address of parent/s or legal guardian/s

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code / Town; \_\_\_\_\_

Telephone Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

### Person to contact in case of emergency:

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Does your child suffer from any allergies? If yes, which ones?

\_\_\_\_\_

### PLEASE CHECK IF IN AGREEMENT:

- I/We hereby confirm that we are covered by an accident, liability and health insurance.
- In the event of an illness or medical emergency I/we hereby authorize Lilliput to take my/our child to a local pediatrician/doctor or hospital. All related costs must, in full, be covered by the parent(s)/guardian.
- Our address and e-mails can be given to other parents (address list, for birthdays and so on)
- Photos of my child can be published on the website of Lilliput (without naming the child, no portraits)

### REGISTRATION:

**I/We have read and accept the Terms and Conditions of enrolment as attached.**

Place / Date:

Signature:

\_\_\_\_\_

### Where did you hear about us?

- Website
- Leaflets / Posters
- Word of mouth
- Newspaper
- Other .....