



Registration Form

Tel: 086 8226923

Email: info@seastarsclub.ie

Childs Information

Full Name	
Date of Birth	Gender :
School	
Class Term 2026/27	
Chick Number	

Parent/Guardian Information

Full Name(s)		
Relationship to Child		
Contact details	Mobile: Landline:	Mobile: Landline:
Email Address		
Home Address		

Emergency Contact (Other than Parent/Guardian)

Full Name	
Relationship to Child	
Contact details	Mobile: Landline:
Home Address	

Additional Authorized Collectors (Other than Parent/Guardian or Emergency Contact)

Full Name	
Relationship to Child	
Contact details	Mobile: Landline:

Health Information

Does your child have any medical conditions, allergies, or additional care needs?

If yes, please specify:

Does your child have any specific dietary requirements or food related allergies/sensitivities? If yes, please provide details.

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Childs /Family Doctor

Family/Childs Doctors Name	
Doctors Address	
Contact details	Mobile: Landline:

Your Childs Interests

Please give details that will help us, help your child to flourish (e.g., interests, games, hobbies).

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Attendance Requirements

Afterschool Club Days Required (please tick):

Monday [] Tuesday [] Wednesday [] Thursday [] Friday []

Collection time (approx.) _____

Permissions and Consent (cross out option that does NOT apply).

[Yes I do /No I do not] give permission for my child to be photographed for activities and class displays and /or social media (e.g. Sea Stars Club /Community Centre FB pages).

[Yes I do /No I do not] give permission for staff to administer first aid and seek emergency treatment if necessary. (Note – Sea Stars Club will contact/notify parents/guardians should incidents /situations arise where first aid etc., is required).

[Yes I do /No I do not] give permission for the administration of non-prescription medicine when required (including emergency medication e.g., inhalers) these should be listed in the medical conditions above).

By signing below, I confirm that the information provided is accurate and I will update Sea Stars Club with any changes. I also consent to personal data provided, being stored and used in accordance with our Privacy Policy and in addition confirm that emergency contacts and authorized collectors have confirmed to their personal data being stored by Sea Stars Club.

Parent/Guardian Signature: _____

Date: _____