



# Strong Start Early Learning Centre - Registration Form

Registration Date: \_\_\_\_\_

Student Birth Certificate# \_\_\_\_\_  Copy of Birth Certificate, Required for program funding

Student's Care Care #: \_\_\_\_\_  Copy of Care Card

Usual Surname: \_\_\_\_\_ Usual First Name: \_\_\_\_\_ Usual Middle Name's: \_\_\_\_\_

Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Name's: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female Home Phone: \_\_\_\_\_

Has child attended another strong start program?  Yes  No If so, Where? \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Language: \_\_\_\_\_ Aboriginal Ancestry  Yes  No

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Primary Custody: \_\_\_\_\_

Guardian 1 Last Name: _____	Guardian 1 First Name: _____	Relationship to Student: _____
Guardian 1 Work Phone No: _____	Guardian 1 Cell Phone: _____	Guardian 1 E-Mail Address: _____

Guardian 2 Last Name: _____	Guardian 2 First Name: _____	Relationship to Student: _____
Guardian 2 Mailing Address if different than Guardian 1: _____		
Guardian 2 City: _____	Guardian 2 Postal Code: _____	
Guardian 2 Physical Address if different than Guardian 1: _____		
Guardian 2 City: _____	Guardian 2 Postal Code: _____	
Guardian 2 Work Phone No: _____	Guardian 2 Cell Phone: _____	Guardian 2 E-Mail Address: _____

Alternate Caregiver's Name: _____	Phone No: _____	Relationship to Student: _____
Emergency Contact Name: _____	Phone No: _____	Relationship to Student: _____
Has your child received age appropriate immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Alert (Must be physician diagnosed and potentially life threatening) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Condition that may require immediate action: _____		
Any known Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what are they?: _____		
EPI Pen Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Guardian's Signature: \_\_\_\_\_