



Other school programs / Special training : _____ Year : _____
 _____ Year : _____

Student Name _____			ID # _____
_____	_____	_____	
Last Name	First Name	MI	
Home Address _____			
_____		_____	_____
Street Address		City	Province Zip
Home Address _____		Cell Phone _____	
Home Address _____			

Parent / Guardian Name _____

Home Phone _____ CellPhone # _____

Emergency Contact Name: _____ Relationship to Student : _____

Emergency Phone: _____ Relationship to Student : _____

Does your child have a life-threatening health condition? (see note below) ☐ Yes ☐ No

If yes, please explain _____

Does your child need medication at school ? ☐ Yes ☐ No

If yes, please explain _____

Does your child have any other medical issues of which we need to be aware ? ☐ Yes ☐ No

If yes, please explain _____

If registration is completed prior to end of school year, this information will be transferred for the student. If registration is completed after the school year has ended, the parent / guardian is responsible for providing a copy to designated program staff on or before the student's first day in school. A notification will be communicated to the school instructors.