

# STRONGSTART EARLY LEARNING CENTRE REGISTRATION FORM



## Preferred StrongStart Centre (Select 1 only)

Bayview	Fairview	Georgia Ave	Ladysmith	McGirr	Frank J. Ney	Cedar	Quarterway
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## I may attend the following StrongStart Centres. (Select as many as needed)

Bayview	Fairview	Georgia Ave	Ladysmith	McGirr	Frank J. Ney	Cedar	Quarterway
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## Previously enrolled in Strongstart:

Yes	No	Specify is yes _____
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### Student Information:

Legal Last Name:	Mailing Address:		
Legal First Name:			
Legal Middle Name:			
Gender at Birth: Male Female			
Birthdate: <table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> </table>		DAY	MONTH
DAY	MONTH	YEAR	
Citizenship:	Indigenous Ancestry: No Yes Status: _____		

### #1 Parent / Guardian Information:

Name (First, Last):	Relationship:
Home Phone: Cell:	Email:

### #2 Parent / Guardian Information:

Name (First, Last):	Relationship:
Home Phone: Cell:	Email:

### Emergency Contact Information:

Name (First, Last):	Relationship:
Home Phone: Cell:	Email:

### Medical Information:

Allergies:
Anaphylaxis: No Yes (if yes, parent must carry medication)

Parent / Guardian / Caregiver	Date (Day/Month/Year)
Signature	(Day/Month/Year)