

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 if yes _____
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Student Information:

Legal Last Name:	Mailing Address:
Legal First Name:	
Legal Middle Name:	
Gender: Male Female Other _____	
Birthdate: _____ 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)

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79(2) of the School Act. The information on this form will be protected under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information & Privacy Officer, Nanaimo Ladysmith Public Schools, 395 Wakesiah Avenue, Nanaimo, B.C. V9R 3K6 Telephone: (250) 754-5521.