



STRONG START REGISTRATION FORM

Student Registration

Are you already registered with another Strong Start?

YES (please tell us the location:) _____ and only complete section #1

Section 1

Legal Surname: _____ Legal First Name: _____

Middle Name: _____ Preferred Name (if different): _____

Gender: M/F: _____

Birthdate: ___/___/____ Proof of Age: Birth Cert. or _____

Day Month Year

Section 2

Home Phone: _____ Address: _____

Mailing Address (if different) _____ Postal Code: V9Z _____

Place of Birth: _____ Citizenship (if not Canadian): _____

Aboriginal Ancestry: Yes: / No: Inuit: Metis: Non-Status: Status-Off Reserve:

Status-On Reserve: Band of Residence Name: _____ DIA Number: _____

Parent Information: *Please note Adult supervision is required*

Parent 1: First Name: _____ Last Name: _____

Address (if different than student): _____

Home Phone (if different): _____ Cell Phone: _____

Parent 2: First Name: _____ Last Name: _____

Address (if different than student): _____

Home Phone (if different): _____ Cell Phone: _____

Medical Information: Doctor: _____ Phone: _____ Care Card # _____

Allergies/Health Conditions: _____ Life Threatening? Yes: / No:

Is this child currently on medication: Yes: / No: Description: _____

Parent/Guardian Signature: _____

Registration Date: _____

OFFICE USE ONLY		
Start Date:	____ / ____ / ____	
	Day Month Year	
Teacher:	_____	