Student Registration Form

A blank form for schools and child care centers

SCHOOL OR CENTER NAME | PROGRAM OR CLASS | SCHOOL YEAR

REQUESTED START DATE | DATE RECEIVED | OFFICE USE – FILE NUMBER

STUDENT

FIRST NAME | LAST NAME | PREFERRED NAME

DATE OF BIRTH (YYYY-MM-DD) | GENDER | GRADE OR PROGRAM

HOME ADDRESS | CITY

PROVINCE OR STATE | POSTAL OR ZIP CODE | COUNTRY

PREVIOUS SCHOOL OR CENTER | LANGUAGES SPOKEN AT HOME

PARENTS AND GUARDIANS

Parent or guardian 1

FIRST NAME | LAST NAME | RELATIONSHIP TO STUDENT

EMAIL | MOBILE PHONE | WORK PHONE

ADDRESS, IF DIFFERENT FROM THE STUDENT'S | CITY AND POSTAL CODE

Student lives at this address ☐ Yes ☐ No

Parent or guardian 2

FIRST NAME | LAST NAME | RELATIONSHIP TO STUDENT

EMAIL | MOBILE PHONE | WORK PHONE

ADDRESS, IF DIFFERENT FROM THE STUDENT'S | CITY AND POSTAL CODE

Student lives at this address ☐ Yes ☐ No

EMERGENCY CONTACTS

Two people other than the parents or guardians above, who can be reached during the day.

NAME | RELATIONSHIP TO STUDENT | PHONE | ALTERNATE PHONE

NAME | RELATIONSHIP TO STUDENT | PHONE | ALTERNATE PHONE

AUTHORIZED PICK-UP

People other than the parents or guardians who may collect the student.

NAME | RELATIONSHIP TO STUDENT | PHONE

NAME | RELATIONSHIP TO STUDENT | PHONE

HEALTH

FAMILY DOCTOR | DOCTOR'S PHONE | HEALTH CARD OR INSURANCE NUMBER

ALLERGIES — FOOD, ENVIRONMENTAL AND MEDICATION

The student carries an Epi-Pen ☐ Yes ☐ No KEPT WHERE

ONGOING MEDICAL CONDITIONS STAFF SHOULD KNOW ABOUT

MEDICATION TAKEN DURING THE DAY — NAME, DOSE AND TIME

DIETARY REQUIREMENTS

PERMISSIONS

Photographs and video of the student may be used by the school ☐ Yes ☐ No

The student may take part in local outings and walking excursions ☐ Yes ☐ No

Staff may apply sunscreen and insect repellent ☐ Yes ☐ No

Staff may arrange emergency medical treatment if we cannot be reached ☐ Yes ☐ No

BILLING

INVOICES GO TO | BILLING EMAIL

Fees are split between two parents or guardians ☐ Yes ☐ No SPLIT

Government subsidy or assistance applies ☐ Yes ☐ No REFERENCE

SIBLINGS ALREADY ENROLLED | PREFERRED PAYMENT FREQUENCY

DECLARATION

The information on this form is accurate to the best of my knowledge, and I will tell the school if it changes.

PARENT OR GUARDIAN NAME | SIGNATURE | DATE