

Strong Start Registration Form

StrongStart Centre: _____

Please submit this form to a facilitator at one of our StrongStart Centres. If your child is new to StrongStart, please submit the registration form together with your child's birth certificate, passport or BC Identification.

<p><u>FIRST CHILD'S INFORMATION</u></p> <p>Legal First Name _____</p> <p>Legal Last Name _____</p> <p>Legal Middle Name _____</p> <p>Preferred First Name _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birth Date (MMM-DD-YYYY) _____</p> <p>Home Phone No. _____</p> <p>Medical/Allergies _____</p>	<p><u>SECOND CHILD'S INFORMATION</u></p> <p>Legal First Name _____</p> <p>Legal Last Name _____</p> <p>Legal Middle Name _____</p> <p>Preferred First Name _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birth Date (MMM-DD-YYYY) _____</p> <p>Home Phone No. _____</p> <p>Medical/Allergies _____</p>
<p>Previously enrolled in Strong Start: <input type="checkbox"/> Yes <input type="checkbox"/> No School District _____ School _____</p> <p>School Age Sibling <input type="checkbox"/> Yes <input type="checkbox"/> No Sibling's Current School: _____</p>	
<p><u>PROPERTY ADDRESS</u></p> <p>House No. _____ Apt # _____ Street Name _____</p> <p>City _____ Prov. _____ Postal Code _____</p>	
<p><u>PARENT/GUARDIAN INFORMATION</u></p> <p>Parent/Guardian Name (<i>First, Last</i>) _____</p> <p>Relationship: _____ Email: <input style="width: 150px;" type="text"/></p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p> <p>Parent/Guardian Name (<i>First, Last</i>) _____</p> <p>Relationship: _____ Email: <input style="width: 150px;" type="text"/></p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>	
<p><u>EMERGENCY CONTACT INFORMATION</u></p> <p>Name (<i>First, Last</i>) _____</p> <p>Relationship: _____</p> <p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>	
<p><u>PROTECTION OF PRIVACY</u></p> <p>The information on this form is collected under the authority of the School Act, section 13. The information will be used for StrongStart program purposes. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 42, 22225 Brown Avenue, Maple Ridge, BC V2X 8N6</p> <p>Parent/Guardian approval: _____ Date: _____</p>	
<p>Facilitator Use Only: <input style="width: 30px;" type="checkbox"/> Legal Documentation Attached</p>	