

Strong Start Registration Form StrongStart Centre:

FIRST CHILD'S INFORMATION	SECOND CHILD'S INFORMATION
Legal Last Name	Legal Last Name
Legal First Name	Legal First Name
Legal Middle Name	Legal Middle Name
Usual Last Name (if diff. than legal)	Usual Last Name (if diff. than legal)
Usual First Name (if diff. than legal)	Usual First Name (if diff. than legal)
Gender	Gender
Birth Date (DD-MMM-YYYY)	Birth Date (DD-MMM-YYYY)
Home Phone No	Home Phone No
Medical/Allergies	Medical/Allergies
StrongStart Centres attended: Webster's Corners Eric Langton Casqanela Highland Park Davie Jones Fairview Other PROPERTY ADDRESS	
House No Apt # St	reet Name
City Prov	Postal Code
MAILING ADDRESS Address if different from property address (eg PO Box)	
PARENT/GUARDIAN INFORMATION	
Parent/Guardian Name (<i>Last, First</i>)	
Relationship: Ema	
	Cell Phone:
Parent/Guardian Name (<i>Last, First</i>)	
Relationship: Ema	
Home Phone:Work Phone	Cell Phone:
CAREGIVER/EMERGENCY CONTACT INFORMATION Name (Last, First) Relationship: Home Phone: Work Phone:	 Cell Phone:
PROTECTION OF PRIVACY	
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	
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