



School District 51 (Boundary)
StongStart Student Registration Form

The information collected on this form will be protected consistent with the Freedom of Information and Protection Act.

Requested School:

STUDENT INFORMATION	ADDRESS INFORMATION
<p>Gender Male Female Other</p> <p>Gender Identity _____</p> <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Legal Middle Name _____</p> <p>Usual Last Name _____</p> <p>Preferred First _____</p> <p>Date of Birth _____</p> <p>Indigenous Ancestry? Y N</p> <div style="margin-left: 20px;"><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Canada documents <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Status (Status Card)</div> <p>Main Phone _____</p> <p>Unlisted Y N</p>	<p>Street Address _____</p> <p>_____ Apt. No. _____</p> <p>City _____ BC</p> <p>Postal Code _____</p> <p>Proof of Residency <input type="checkbox"/> _____</p> <p>Mailing Address (if different from above)</p> <p>_____</p> <p>_____</p> <p>Last School Attended _____</p> <p>City & Province _____</p>

PARENTS/GUARDIANS <small>(extra sheets are available if needed)</small>	PARENTS/GUARDIANS
<p>First Name _____</p> <p>Last Name _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Relationship to Student _____</p> <p>Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Living with Student Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Address _____</p> <p>City & Province _____</p> <p>Postal Code _____</p> <p>Main Phone _____</p> <p>Cell Phone _____</p> <p>Email _____</p> <p>Work Phone _____ Ext. _____</p> <p>Employed at _____</p>	<p>First Name _____</p> <p>Last Name _____</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Relationship to Student _____</p> <p>Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Living with Student Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Address _____</p> <p>City & Province _____</p> <p>Postal Code _____</p> <p>Main Phone _____</p> <p>Cell Phone _____</p> <p>Email _____</p> <p>Work Phone _____ Ext. _____</p> <p>Employed at _____</p>

CUSTODY/GUARDIANSHIP/ACCESS

Are there any legal documents in force re: custody/guardianship/access? Y ☐ N ☐

If so, please briefly explain _____

Have you provided a copy of these legal documents to the school? Y ☐ N ☐

EMERGENCY CONTACT INFORMATION #1

First Name _____

Last Name _____

Relationship to Student _____

Contact can pick up Student: Y ☐ N ☐

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____

EMERGENCY CONTACT INFORMATION #2

First Name _____

Last Name _____

Relationship to Student _____

Contact can pick up Student: Y ☐ N ☐

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____

SIBLING INFORMATION

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth DD/Month/Year				
School				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

MEDICAL INFORMATION

Care Card Number _____

Allergies and Conditions _____

Are any of these conditions life threatening? Y ☐ N ☐

Life Threatening Condition _____



RELEASE FORM
StrongStart Family Centre
Parent/Guardian Permission

As the parent or legal guardian of the minor named below ("Minor), I hereby give my consent to employees or agents of School District No. 51("District") and the employees or agents of the Province of British Columbia ("Province"), as represented by the Ministry of Education, to record, photograph or film the Minor and myself in connection with the District's StrongStart Centre.

I understand that these photographs or other recordings may be used in School District or Provincial publications or websites. I hereby grant to School District No. 51 and to the Province, its employees, representatives, licensees and assigns, the right to use, reproduce, modify, publish or distribute both my own and the Minor's voice, photographic images or likenesses ("Recordings") worldwide for educational or promotional purposes related to StrongStart Centres or any other early learning initiatives of the Province.

I understand that neither I nor the Minor will own or be paid for the Recordings. I hereby release and discharge any right, title or interest that I or the Minor may have in the Recordings or in any remuneration for using the likenesses or image.

I understand that information may be shared with Public Health, Public Library, Boundary Family Services Society, Ministry of Children and Families, Boundary Child Care Resource and Referral, Columbia Basin Alliance for Literacy, Speech and Language.

MINOR (person under the age of 19 years)

(print name)

PARENT OR LEGAL GUARDIAN

(print name)

(signature)

(date)



Ministry of
Education