



# STRONGSTART

Early Learning Centre  
REGISTRATION FORM 2016-17

StrongStart BC Centre:

PORT RENFREW ELEMENTARY SCHOOL

Date: \_\_\_\_\_

**Child's Information:**

Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred First Name: *(if different)*: \_\_\_\_\_

Male:  / Female:

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Copy of Birth Certificate:

**Parent/Caregiver Information:**

Mother Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*(if different)*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Local Contact Person in Case of Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does your child have any allergies or medical concerns that may affect his/her participation in the program?

\_\_\_\_\_  
\_\_\_\_\_

Name of Adult Who Will Normally Attend With Child: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Office Use Only:**

PEN: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Entered MyEd BC: