

Please circle one: **BRENTWOOD** **LOCHSIDE** **SIDNEY**

FIRST CHILD'S INFORMATION

Legal First Name _____
 Legal Last Name _____
 Legal Middle Name _____
 Usual First Name (if different than legal) _____
 Usual Last Name (if different than legal) _____
 Gender (circle) Female Male X
 Birth Date (DD/MM/YYYY) _____
 Contact Phone No _____
 Medical / Allergies _____

SECOND CHILD'S INFORMATION

Legal First Name _____
 Legal Last Name _____
 Legal Middle Name _____
 Usual First Name (if different than legal) _____
 Usual Last Name (if different than legal) _____
 Gender (circle) Female Male X
 Birth Date (DD/MM/YYYY) _____
 Contact Phone No _____
 Medical / Allergies _____

HOME LANGUAGE _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last) _____ Relationship _____
 Cell Phone No _____ **EMAIL:** _____
 Parent/Guardian Name (First, Last) _____ Relationship _____
 Cell Phone No _____ **EMAIL:** _____

CAREGIVER/EMERGENCY CONTACT INFORMATION (Optional)

Name (Last, First) _____
 Relationship _____
 Cell Phone No _____

I certify that the above information is correct and valid as of _____ Date _____ Signature of Parent or Legal Guardian _____

Please bring a copy of one of the proofs of Legal Name & Age below, and bring original with you to StrongStart on your first visit for verification.

Media Disclaimer The information on this form is collected under the authority of the School Act Sections 12 and 97. the information will be used for educational purposes. Your child's name and/or photo may be published in a school newsletter or other school publication or the media. Please check the statement that best express your wishes. If we do not receive a response from you, we will assume you have consented.

_____ I give permission for my child, _____'s photo to be used for media purposes.
 _____ I DO NOT wish my child, _____'s photo to be used for media purposes.

Proof of
 Legal Name & Age (view original) : Birth Certificate Passport Status Card