

STRONGSTART REGISTRATION FORM

STRONGSTART CENTRE:

Date:	OFFICE USE ONLY Start D	ate:
Grade: YOG: Student #:	PEN:	
Registration Documentation: □Student Proof of Age: Primary Document: □ Canadian Birth Certificate naming parents(s)		
OR Birth Certificate with certified translation in English, it		
Or, ONE of the following documents may be used to register Canadian Citizenship Card	First Nations Documentation/Ban	
☐ Confirmation of Permanent Residence AND Passport		
Permanent Resident Card (front and back)		
PLEA	SE PRINT CLEARLY	
Has your child attended a StrongStart (program in previous years:	
District:	School Name:	
STUDENT INFORMATION		
Legal First Name:		
Legal Middle Name:		
Legal Last Name(s):	PREFERRED Last Name:	
Home Phone Number:		
Gender: □ Female □ Male	Birth Date:	Age:
STUDENT ADDRESS		
Unit #: House # and Street Name:		
City: Province:	Postal Code:	
MEDICAL INFORMATION / ALERTS		
CareCard #: Doctor	's Name:	Phone #:
Allergies/Health Conditions:		
	_	
CITIZENSHIP / LANGUAGE & CULTURE		
Country of Birth:		
Home Language: Language	Most Used: Firs	t Language:
PARENT(S)/GUARDIAN(S) WITH WHOM	I THE CHILD RESIDES	
Priority #1 Relationship:		
First Name:		t was midn
Last Name:	Last Name:	
Home Phone: Cell:		Cell:
Work phone:	Work phone: Email:	
Cilidii.	Email:	

	rity #3 Relationship: First Nam		OM THE CHILD DOE First Name:	: Last Name:	
Unit #:				City:	
				Work Phone	
CARECIV	EDS WHO I	MAY ATTEND WIL	TH THE CHILD: YOTH	IED THAN DADENT/CHADD	IANS NOTED ABOVE
		12 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IER THAN PARENT/GUARD	
				Relationship:	
		0.11		Cal	
Home Phone	:	Cell:	Home Prione	:: Cel	i:
STUDEN'	INFORMAT	TION RELEASE:			
			tection of Privacy Act, Delta	School District requires consen	t to use students' persor
information u	nrelated to educati	ion purposes.			
				yays required for educational pu	
				d participating in StrongStart a ig the school year. Photographs	
				purpose to promote or docum	
			ers, web pages or other print o		
				ormation that identifies my child	
5)				from time to time, activities ma	
videotapes by they may be a		by waive any right to appr	ove these images or any test i	that may be used with them, or	to approve the use to wh
	***************************************	ne publication of photogr	aphs/videotapes of my child	or info that identifies my child	for the purposes describ
above.		те реализател от ристев.		,	, , , , , , , , , , , , , , , , , , ,
Please note th	at consent can be	removed at any time by	contacting the school.		
			PARENT	/ GUARDIAN SIGNATURE	
EMAIL C	OMMUNICA'	TION			
The Delta Sch	ool District would I	ike to contact StrongStart	parents/caregivers by email.	Examples of such messages inclu	
The Delta School	ool District would I	ike to contact StrongStart special events, field trips,	parents/caregivers by email. and notices about unplanned	closures. We may also use ema	il to contact you directly i
The Delta Schoscheduled Stro To follow up a	ool District would I ongStart closures, bout something th	ike to contact StrongStart special events, field trips,	parents/caregivers by email. and notices about unplanned		il to contact you directly i
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