



KINDERGARTEN REGISTRATION

DATE _____

DATE OF BIRTH

SCHOOL _____

YEAR _____ MONTH _____ DAY _____

CHILD'S NAME _____
SURNAME, GIVEN NAMES, (UNDERLINE NAME USED)

PLACE OF BIRTH

MALE _____ FEMALE _____

TOWN, CITY _____

P.O. ADDRESS _____

PROVINCE _____

HOME PHONE _____

BIRTH CERTIFICATE
VERIFICATION *(Copy required in file)*

HOME LOCATION _____
HOUSE & STREET # OR QUARTER, SECTION, TOWNSHIP, RANGE (NE 5-15-17)

DATE _____ INITIALS _____

PARENTS OR GUARDIANS

FATHER'S SURNAME _____ GIVEN NAMES _____ PLACE OF WORK _____ BUSINESS PHONE _____

MOTHER'S SURNAME _____ GIVEN NAMES _____ PLACE OF WORK _____ BUSINESS PHONE _____

INFORMATION ABOUT BROTHERS & SISTERS (BOTH IN SCHOOL AND PRESCHOOL)

NAME	AGE	SCHOOL	GRADE

SINGLE PARENT FAMILY (CHILD LIVING WITH) MOTHER _____ FATHER _____

LEGAL CUSTODY HELD BY MOTHER _____ FATHER _____

CHILD HAS ACCESS TO BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____

SCHOOL BUS DRIVER _____

STORM BILLET _____ BILLET PHONE _____

EMERGENCY CONTACT _____ PHONE _____

BABYSITTER _____ PHONE _____
(NOON, BEFORE AND AFTER SCHOOL)

LANGUAGE SPOKEN AT HOME (IF OTHER THAN ENGLISH) _____

FAMILY DOCTOR _____ PHONE _____

PHIN # (HEALTH NO.) _____

Medical/Health concerns or conditions? (circle) Yes No **For students with medical/health concerns, a completed (URIS) Group B) application form is required at this time.**

PARENT OR GUARDIAN SIGNATURE