## Kindergarten Registration Form

Entry: September 2013
\*\*\*Please Complete Both Sides\*\*\*

Last Name (legal):		
Given Names (first and middle):		
Other: (usual name called):		
Sex: () Male () Female Age:		
Birth date: (year) (month)	_ (day)	
Birth Certificate # Medicare ;	#	Exp:/
Home Address:(Street Name and #, Apartment #)	<del></del>	
(City, Province, Postal Code)		
Mailing Address*:(Street Name and #, Apartment #)		
(City, Province, Postal Code) *If different from above		-
Please put an $(x)$ indicating with whom the child res	sides:	
( ) Mother's Name (surname):	(first):	
Home Phone #: Work Phone #: _	Cell #:	
Mother's maiden name:		
( ) Father's Name (surname):	(first):	
Home Phone #: Work Phone #: _	Cell #:	
( ) Guardian (surname):	(first):	<del></del>
Home Phone #: Work Phone #: _	Cell #:	
Primary language spoken at home:		

Siblings:			
Name	DOB (y/m/d)	Grade	<del>-</del> -
			_
Medical Information:			
Does your child have a medical condition?	()yes	( ) no	
(allergies, vision, hearing, etc.)			
If yes, please provide a brief description:			
1) yes, pieuse pi ovide a bi iei description.			
Nongram shild have an Enimon?	( )	( )	
Does your child have an Epipen?	( ) yes	( ) no	
Does your child receive services for speech/lo	anguage occupational therapy e	arly intervention etc	2 () yes () no
Has your child received any such services in the		( ) no	( ) , 65 ( ) 116
Are there any other concerns regarding your	•	• •	
, 3 3,	,		
Is your child attending preschool or daycare?	() ves () no Babysit	ter?()ves ()no	
To your come arrenang processes or anyone or	( ) / 10 ( ) 10	(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If so, which one?			
Caregiver's name:			
Canadiyan'a nhana #			
Caregiver's phone #:			
Caregiver's address:			

Transportation to and from the school is provided for students who live further than 1.5 km from their community school. If a student is accepted to attend a school other than their community school, transportation is the responsibility of the parent.