



STRONGSTART (EARLY LEARNING CENTER) REGISTRATION FORM

****WE WILL NEED ALL INFORMATION TO REGISTER INCLUDING A COPY OF YOUR CHILDS BIRTH CERTIFICATE OR PASSPORT****

Submitted Date: _____

HAS YOUR CHILD EVER ATTENDED A STRONG START CENTRE? YES / NO

IF YES, WHICH ONE: _____

Child's Information:

Legal Surname: _____ Legal First Name: _____ Middle Name: _____

Preferred First Name: *(if different):* _____

Gender on ID _____ Birthdate: ____ / ____ / ____
Day Month Year Copy of Birth Certificate: Yes / No

Parent/Caregiver Information:

Relation: _____ **Last Name:** _____ **First Name:** _____

Address: _____ **Postal Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Relation: _____ **Last Name:** _____ **First Name:** _____

Address: _____ **Postal Code:** _____

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:** _____