



Please return completed forms to the school clerical.
Ensure you are registered only once even if you attend multiple Strong Start locations.

CHILD INFORMATION

Legal Last Name: _____	Usual last name: _____	Cultural/Traditional Last Name: _____
Legal First Name: _____	Usual first name: _____	Cultural/Traditional First Name: _____
Legal Middle Name: _____	Usual middle name: _____	Cultural/Traditional Middle Name: _____

Birth Date (dd-mm-yyyy): _____

Gender: _____
☐ Female ☐ Male ☐ Other

Gender Identity: _____
☐ Female ☐ Male ☐ Non-Binary ☐ Not Disclosed

Proof of Age: _____
☐ BC Identification ☐ Birth Certificate ☐ Court Order ☐ Driver's License ☐ Passport

Proof of Citizenship: _____
☐ Certificate of Citizenship ☐ Immigration Canada Document ☐ Permanent Resident Card ☐ Passport ☐ Vital Statistics Document

Home Phone: _____
Physical Address
Street: _____
City/Town: _____
Province: _____
Postal Code: _____

Mailing Address (if different from Physical Address)
Street: _____
City/Town: _____
Province: _____
Postal Code: _____

ANCESTRY (Must be completed)
Country of Birth: _____
Province of Birth: _____
First Language Spoken: _____
Language Used at Home: _____

ABORIGINAL ANCESTRY ☐ No ☐ Yes, please specify below.
☐ Metis ☐ Inuit ☐ Live on Reserve
☐ First Nations: Non-Status
☐ First Nations: Status - off reserve
☐ First Nations: Status - on reserve
Band of Residence (voluntary): _____

PARENT/GUARDIAN INFORMATION

Last Name: _____
First Name: _____
Relationship: ☐ Mother ☐ Father ☐ Other: _____
Home Address: _____
☐ Same as student

PARENT/GUARDIAN INFORMATION

Last Name: _____
First Name: _____
Relationship: ☐ Mother ☐ Father ☐ Other: _____
Home Address: _____
☐ Same as student

Street/City/Province/Postal Code
Home Phone: _____
Mobile Phone: _____
Email Address: _____

Street/City/Province/Postal Code
Home Phone: _____
Mobile Phone: _____
Email Address: _____

Do you have a specific child custody arrangement? ☐ No ☐ Yes. If yes, please provide proof of the legal agreement.

MEDICAL INFORMATION

BC Service Card No. _____

Life Threatening Health Conditions: ☐ Yes ☐ No

Life Threatening Health Condition, please specify: _____

Non-life Threatening Health Conditions - If the child has a non-life threatening health condition which may affect their ability to participate (e.g. vision limitation, hearing limitation, activity limitation, mental health condition or chronic health condition), please specify and inform Strong Start Facilitator.

Non-life Threatening Health Condition, please specify: _____

I certify that the information I have provided on this form is correct.

Signature of Parent/Guardian _____

Date _____

The information on this form is collected under the authority of the School Act. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation, and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

Office Use	Start Date: _____	Birthdate Verified: <input type="radio"/>	Citizenship Verified: <input type="radio"/>
	Verified by: _____	Residence Verified: <input type="radio"/>	Aboriginal Status Verified: <input type="radio"/>
	Print Full name	Custody Verified: <input type="radio"/>	