



Boundary StrongStart Family Centre Registration Form

Date: _____

Child's Name: Last _____ First _____ Middle _____

Place of Birth: _____ Citizenship: _____

Birthdate: _____ Gender: Male _____ Female _____ Birth Certificate copied Y _____ N _____

Caregiver's Name: _____ Home Phone Number: _____

Mailing Address: _____ Cell Number: _____

Street Address: _____ Email Address: _____

Place of Work: _____ Work Number: _____

Caregiver's Name: _____ Home Phone Number: _____

Mailing Address: _____ Cell Number: _____

Street Address: _____ Email Address: _____

Place of Work: _____ Work Number: _____

Emergency Contact name: _____ Phone Number: _____

Custody: _____ Living with _____ Court Access: _____

ESL: Y _____ N _____ Language at home: _____

Aboriginal Ancestors: Y _____ N _____ Status: Y _____ N _____ Personal Health Number: _____

Has your child received age appropriate immunizations? Y _____ N _____

Does your child have any known allergies? Y _____ N _____

Medical Conditions: _____

Siblings:

First Name	Last Name	Relationship	Birthdate	Gender	School attended

