



# SCHOOL DISTRICT #63 (SAANICH) STRONGSTART REGISTRATION FORM

Please circle one:      **BRENTWOOD**                      **LOCHSIDE**                      **SIDNEY**

FIRST CHILD'S INFORMATION

Legal First Name \_\_\_\_\_  
 Legal Last Name \_\_\_\_\_  
 Legal Middle Name \_\_\_\_\_  
 Gender (circle)                      Female                      Male  
 Birth Date (DD-MM-YYYY) \_\_\_\_\_  
 Contact Phone No \_\_\_\_\_  
 Usual First Name (if different than legal) \_\_\_\_\_  
 Usual Last Name (if different than legal) \_\_\_\_\_  
 Medical / Allergies \_\_\_\_\_  
 \_\_\_\_\_

SECOND CHILD'S INFORMATION

Legal First Name \_\_\_\_\_  
 Legal Last Name \_\_\_\_\_  
 Legal Middle Name \_\_\_\_\_  
 Gender (circle)                      Female                      Male  
 Birth Date (DD-MM-YYYY) \_\_\_\_\_  
 Contact Phone No \_\_\_\_\_  
 Usual First Name (if different than legal) \_\_\_\_\_  
 Usual Last Name (if different than legal) \_\_\_\_\_  
 Medical / Allergies \_\_\_\_\_  
 \_\_\_\_\_

PHYSICAL ADDRESS

House No \_\_\_\_\_ Apt # \_\_\_\_\_ Street Name \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (First, Last) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_ Cell Phone No \_\_\_\_\_  
 Parent/Guardian Name (First, Last) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_ Cell Phone No \_\_\_\_\_

CAREGIVER/EMERGENCY CONTACT INFORMATION (Optional)

Name (Last, First) \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Home Phone No \_\_\_\_\_ Work Phone No \_\_\_\_\_ Cell Phone No \_\_\_\_\_

I certify that the above information is correct and valid as of \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

Media Disclaimer

The information on this form is collected under the authority of the School Act Sections 12 and 97. the information will be used for educational purposes. Your child's name and/or photo may be published in a school newsletter or other school publication or the media. Please check the statement that best express your wishes. If we do not receive a response from you, we will assume you have consented.

- I give permission for my child, \_\_\_\_\_'s photo to be used for media purposes.
- I DO NOT wish my child, \_\_\_\_\_'s photo to be used for media purposes.

**Facilitator Use Only**

Proof of Legal Name & Age (view original) :       Birth Certificate                       Passport                       BC Care Card