



KINDERGARTEN REGISTRATION

DATE \_\_\_\_\_

DATE OF BIRTH

SCHOOL \_\_\_\_\_

YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
SURNAME, GIVEN NAMES, (UNDERLINE NAME USED)

PLACE OF BIRTH

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

TOWN, CITY \_\_\_\_\_

P.O. ADDRESS \_\_\_\_\_

PROVINCE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BIRTH CERTIFICATE  
VERIFICATION *(Copy required in file)*

HOME LOCATION \_\_\_\_\_  
HOUSE & STREET # OR QUARTER, SECTION, TOWNSHIP, RANGE (NE 5-15-17)

DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

PARENTS OR GUARDIANS

\_\_\_\_\_  
FATHER'S SURNAME                      GIVEN NAMES                      PLACE OF WORK                      BUSINESS PHONE

\_\_\_\_\_  
MOTHER'S SURNAME                      GIVEN NAMES                      PLACE OF WORK                      BUSINESS PHONE

INFORMATION ABOUT BROTHERS & SISTERS (BOTH IN SCHOOL AND PRESCHOOL)

NAME	AGE	SCHOOL	GRADE

SINGLE PARENT FAMILY (CHILD LIVING WITH)      MOTHER \_\_\_\_\_      FATHER \_\_\_\_\_

LEGAL CUSTODY HELD BY      MOTHER \_\_\_\_\_      FATHER \_\_\_\_\_

CHILD HAS ACCESS TO      BOTH PARENTS \_\_\_\_\_      MOTHER ONLY \_\_\_\_\_      FATHER ONLY \_\_\_\_\_

SCHOOL BUS DRIVER \_\_\_\_\_

STORM BILLET \_\_\_\_\_      BILLET PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_      PHONE \_\_\_\_\_

BABYSITTER \_\_\_\_\_      PHONE \_\_\_\_\_  
(NOON, BEFORE AND AFTER SCHOOL)

LANGUAGE SPOKEN AT HOME (IF OTHER THAN ENGLISH) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_      PHONE \_\_\_\_\_

PHIN # (HEALTH NO.) \_\_\_\_\_

Medical/Health concerns or conditions? (circle) Yes No **For students with medical/health concerns, a completed (URIS) Group B) application form is required at this time.**

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE