



STRONGSTART

Early Learning Centre

StrongStart BC Centre:

PORT RENFREW ELEMENTARY SCHOOL

Date: _____

Child's Information:

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

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

Male: / Female:

Birthdate: ____ / ____ / ____
Day Month Year

Copy of Birth Certificate:

Parent/Caregiver Information:

Mother Surname: _____ First Name: _____

Address: _____ Postal Code: _____

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

Father Surname: _____ First Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ *(if different)* 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: _____

Office Use Only:
PEN: _____
Enrollment Date: _____

Entered MyEd BC: