



Cloverdale Christian School

5950 179 Street Surrey, B.C V3S 4J9
 Phone: 604-576-6313 Fax: 604-576-1399

E-Mail: school@cloverdalechristianschool.ca

Website : www.cloverdalechristianschool.ca

2017/2018 EARLY LEARNING PROGRAMS REGISTRATION FORM

STUDENT INFORMATION

Last Name:	First Name:	Middle Name:
Home Telephone:	Birth Date (m/d/y):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Citizenship: Canadian <input type="checkbox"/> Other <input type="checkbox"/>	Aboriginal Background: No <input type="checkbox"/> Yes <input type="checkbox"/> Band _____	Start Date: _____ (Month/Date/Year)

PARENT INFORMATION

Mother's First Name:		Mother's Last Name:	
Mother's Telephone: Home:	Work:	Cell:	E-Mail Address:
Father's First Name:		Father's Last Name:	
Father's Telephone: Home:	Work:	Cell:	E-Mail Address:
Street or Municipal Address (Mother):			
City:		Postal Code:	
Street or Municipal Address (Father) (If different from above):			
City:		Postal Code:	
Student Lives With: Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (If applicable, a copy of legal documents must accompany this application.)			

GUARDIAN INFORMATION

Guardian's First Name:		Guardian's Last Name:	
Guardian's Telephone: Home:	Work:	Cell:	E-Mail Address:
Street or Municipal Address:			
City:		Postal Code:	

EMERGENCY CONTACTS (In case of emergency or school closure, please provide names and phone numbers of contacts if school personnel cannot contact you.)

Name	Phone Number	Relationship to Student

CLASS PREFERENCE

Please check preference for class: Pre-School 2 Day AM (Monday and Wednesday) 8:40 am – 11:00 am
 Pre-Kindergarten 3 Day AM (Tuesday, Thursday, & Friday) 8:40 am – 11:00 am
 Pre-Kindergarten 3 Day PM (Tuesday, Thursday, & Friday) 12:10 pm – 2:30 pm

MEDICAL INFORMATION

Please provide a photocopy of your child's Immunization record and a copy of your child's Care Card.

Family Doctor: _____ Phone Number: _____

B.C. Care Card Number: _____

Are there any medications that your child may need to be administered during the school day?
 YES NO If applicable, please complete the "Permission to Administer Medication" Form.

List special health conditions/allergies/physical limitations/special medications/symptoms/treatment:

If potentially life threatening health condition exists, please complete the "Medical Alert Planning" Form.

PERSON AUTHORIZED TO PICK UP STUDENT

Name	Phone Number		Relationship to Student
	Home:	Cell:	
	Work:		
	Home:	Cell:	
	Work:		

IMMUNIZATION HISTORY

	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Diphtheria/Pertussis/Tetanus							
Poliomyelitis							
HIB (Meningitis)							
Measles/Mumps/Rubella							
Please indicate where original records can be found:							
Special Diet (please explain):							
Special Instructions or comments for the caregiver:							

PERMISSIONS

I give permission for:

- My child to go on walking trips around the school and to local facilities (within 2 km). YES NO
- My home phone number to be distributed to parents for the emergency phone list. YES NO
- My child's photo to be taken to be used for yearbook or newsletters. YES NO
- My child's photo to be taken to be used for website or other promotional materials of CCS. YES NO
- My e-mail to be distributed to classroom parents for the contact list. YES NO
- I authorize the staff at Cloverdale Christian School to call an ambulance in the case of accident or illness of my child, if I cannot be reached immediately. If deemed necessary, I authorize a staff person of Cloverdale Christian School to transport my child to the hospital and give consent for my child to receive medical treatment. YES NO

Signature of Parent/Guardian _____ Date _____

Signature of Manager of the Facility _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____

Students in Preschool must be three years old by December 31, 2017.
Students in Pre-Kindergarten must be four years old by December 31, 2017.
 Meets Age Requirement Immunization Card
 Copy of Birth Certificate Care Card