



Please return completed forms to the school clerical.
Ensure you are registered only once even if you attend multiple Strong Start locations.

CHILD INFORMATION

Legal Last Name:*	Usual last name:	Cultural/Traditional Last Name:
Legal First Name:*	Usual first name:	Cultural/Traditional First Name:
Legal Middle Name:	Usual middle name:	Cultural/Traditional Middle Name:

Birth Date (dd-mm-yyyy):*

Gender:*

☐ Female	Gender Identity:
☐ Male	☐ Female
☐ Other	☐ Male
	☐ Non-Binary
	☐ Not Disclosed

Proof of Age:

☐ BC Identification
☐ Birth Certificate*
☐ Court Order
☐ BC Care Card*
☐ Passport

Proof of Citizenship:*

☐ Certificate of Citizenship
☐ Immigration Canada Document
☐ Permanent Resident Card
☐ Passport
☐ Vital Statistics Document

Home Phone:*

Physical Address:*

Street: _____
 City/Town: _____
 Province: _____
 Postal Code: _____

Mailing Address (if different from Physical Address)

Street: _____
 City/Town: _____
 Province: _____
 Postal Code: _____

ANCESTRY* (Must be completed)

Country of Birth: _____
 Province of Birth: _____
 First Language Spoken: _____
 Language Used at Home: _____

ABORIGINAL ANCESTRY*

☐ No ☐ Yes, please specify below.
☐ Metis ☐ Inuit ☐ Live on Reserve
☐ First Nations: Non-Status
☐ First Nations: Status - off reserve
☐ First Nations: Status - on reserve

Band of Residence (voluntary): _____

PARENT/GUARDIAN INFORMATION

Last Name: _____
 First Name: _____
 Relationship: ☐ Mother ☐ Father Other: _____
 Home Address: ☐ Same as student

PARENT/GUARDIAN INFORMATION

Last Name: _____
 First Name: _____
 Relationship: ☐ Mother ☐ Father Other: _____
 Home Address: ☐ Same as student

Street/City/Province/Postal Code

Home Phone: _____
 Mobile Phone: _____
 Email Address: _____

Street/City/Province/Postal Code

Home Phone: _____
 Mobile Phone: _____
 Email Address: _____

Do you have a specific child custody arrangement? ☐ No ☐ Yes. If yes, please provide proof of the legal agreement.

MEDICAL INFORMATION

BC Service Card No. *

Life Threatening Health Conditions: ☐ Yes ☐ No

Life Threatening Health Condition, please specify: _____

Non-life Threatening Health Conditions - If the child has a non-life threatening health condition which may affect their ability to participate (e.g. vision limitation, hearing limitation, activity limitation, mental health condition or chronic health condition), please specify and inform Strong Start Facilitator.

Non-life Threatening Health Condition, please specify: _____

I certify that the information I have provided on this form is correct.

Signature of Parent/Guardian #1

Date

Signature of Parent/Guardian #2

Date

The information on this form is collected under the authority of the School Act. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation, and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

Office Use	Start Date: _____	Birthdate Verified: ☐	Citizenship Verified: ☐
	Verified by: _____	Residence Verified: ☐	Aboriginal Status Verified: ☐
	Print Full name	Custody Verified: ☐	