

ENROLMENT FORM

Student's Name: _____ Nickname: _____ Sex: _____

Home Address: _____ Telephone: _____

_____ D.O.B. _____
city province postal code day month year

Father's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ city province postal code

Work Address: _____ Work Phone: _____

_____ city province postal code email: _____

Mother's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ city province postal code

Work Address: _____ Work Phone: _____

_____ city province postal code email: _____

IN CASE OF EMERGENCY IF THE PARENTS CANNOT BE REACHED

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

ADULTS TO WHOM CHILD MAY BE RELEASED

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

4. Name: _____ Phone: _____ Relationship: _____

PEDIATRICIAN OR FAMILY DOCTOR

Name: _____ Health Card #: _____

Address: _____ Phone: _____

SPECIAL INSTRUCTIONS REGARDING DIET, REST OR EXERCISE

PREVIOUS COMMUNICABLE DISEASES

_____ Date: _____
day month year

_____ Date: _____
day month year

_____ Date: _____
day month year

ENROLMENT FORM

PREVIOUS ILLNESS OR INJURY

TYPE: _____ Date of Occurrence: _____

TYPE: _____ Date of Occurrence: _____

SPECIAL MEDICAL CONDITIONS

RECORD OF IMMUNIZATION (CHOOSE ONE OF THE FOLLOWING)

PLEASE ATTACH A COPY OF RECORD OF IMMUNIZATION

OR

Date: _____ Diphtheria

Date: _____ Rubella

Date: _____ Pertussis

Date: _____ Mumps

Date: _____ Tetanus

Date: _____ Measles

Date: _____ Polio

Date: _____ TB Skin Test and Results

Medication to be administered regularly _____

Written instructions received _____

Special Diets _____

Written instructions received _____

Date Admitted: _____ Signature of Father: _____

Date Withdrawn: _____ Signature of Mother: _____

Date: _____ Signature of Physician: _____