



Family Name \_\_\_\_\_

Church Attended by Family \_\_\_\_\_ Church Denomination

Pastor \_\_\_\_\_ Church Phone Number \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address Home \_\_\_\_\_ Email Address Work \_\_\_\_\_

Mother \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Address  Same as above \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address Home \_\_\_\_\_ Email Address Work \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Students <u>Full</u> Name(s)	Gender	Date of Birth (YYYY-MM-DD)	Health Card Number (no spaces please)
Other Siblings	Gender	Date of Birth (YYYY-MM-DD)	Grade, if applicable

Health History/Concerns