

CHILD	
Surname:	Given Names:
Gender: M ____ F ____	Date of Birth (d/m/yr):
First Language:	Other Languages:
Child Lives with:	Custody: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Special Instr. On File
PARENT / GUARDIAN 1	
Surname:	Given Name:
Relationship to Child:	Gender M ____ F ____
First Language:	Other Languages:
Address:	
Postal Code:	
Telephone #: ()	Other Contact #'s, e.g. cell: ()
E-mail:	
BUSINESS INFORMATION	
Business Name:	
Business Address:	Postal Code:
Business Telephone #: () ext.	E-mail:
PARENT / GUARDIAN 2	
Surname:	Given Name:
Relationship to Child:	Gender M ____ F ____
First Language:	Other Languages:
Address: (same as above: ____) or write complete address:	
Telephone #: ()	Other Contact #'s, e.g. cell: ()
E-mail:	
BUSINESS INFORMATION	
Business Name:	
Business Address:	Postal Code:
Business Telephone #: () ext.	E-mail: