



### Child Enrollment Form

Date information provided: \_\_\_\_\_

Date information updated: \_\_\_\_\_

<b>CHILD</b>	
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
<b>PARENT / GUARDIAN 1</b>	
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:	
<b>BUSINESS INFORMATION</b>	
Business Name:	
Business Address:	Postal Code:
Business Telephone #: ( ) ext.	E-mail:
<b>PARENT / GUARDIAN 2</b>	
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:	
<b>BUSINESS INFORMATION</b>	
Business Name:	
Business Address:	Postal Code:
Business Telephone #: ( ) ext.	E-mail: