Forest School Colette Mann 250 927 4844 outthedoorforestschool@gmail.com

Registration form

please print form, fill out, scan and email to outthedoorforestschool@gmail.com or send to:

Colette Mann / Box 213 / Qualicum Beach, B.C. / V9K 1S8

Registration for the program on: ___ Wednesday ___ Thursday

Student Information

Name Last name: _____	First name: _____ Middle name: _____
Gender: _____	Date of birth: (MMM/DD/YYYY) _____
Address Physical Address: Street address: _____ RR Number/ PO Box: _____ City Prov PC: _____	Mailing Address: is identical (if not provide details below) ___YES ___NO Street address: _____ RR Number/ PO Box: _____ City Prov PC: _____
Previous or ongoing preschool/daycare/school Name: _____	Location: _____
Medical Doctor name: _____	Phone number: _____ Care card number: _____
Does your child need to take medication on a regular basis? ___YES ___NO Does your child have any Allergies or health conditions? ___YES ___NO	
Language and Culture Home Language: _____ Language most used: _____	

Information about the student you like to share with me:
_____
_____
_____

Parent/ Guardian Information

Name Last name: _____	First name: _____ Relationship to student: _____
Home phone: _____ Cell phone: _____ Living with student: ___YES ___NO	work phone: _____ E mail: _____
Address ___ same as student (page 1) Physical Address: Street address: _____ RR Number/ PO Box: _____ City Prov PC: _____	Mailing Address: is identical (if not provide details below) ___YES ___NO Street address: _____ RR Number/ PO Box: _____ City Prov PC: _____

Name Last name: _____	First name: _____ Relationship to student: _____
Home phone: _____ Cell phone: _____ Living with student: ___YES ___NO	work phone: _____ E mail: _____
Address ___ same as student (page 1) Physical Address: Street address: _____ RR Number/ PO Box: _____ City Prov PC: _____	Mailing Address: is identical (if not provide details below) ___YES ___NO Street address: _____ RR Number/ PO Box: _____ City Prov PC: _____

Contacts: Emergency Contact(s)

please provide at least one emergency contact beside parents/guardians

Last name: _____ phone: _____ Can pick up student: ___YES ___NO	First name: _____ Relationship to student: _____ E mail: _____
Last name: _____ phone: _____ Can pick up student: ___YES ___NO	First name: _____ Relationship to student: _____ E mail: _____

Last name: _____ phone: _____ Can pick up student: ___YES ___NO	First name: _____ Relationship to student: _____ E mail: _____

Stepping out of the program:

Please give a two week notice if your child will not return to the program on a monthly schedule.

Volunteering:

Parents/ Guardians agree to participate as a volunteer if needed.

For the correctness of this document, Parent/ Guardian

Name printed: _____

Signature: _____ Date: _____