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

monthly Registration form

Registration for: ___Forest Play (4&5y)   ___Forest School (5-7y)   ___Forest School (7-9y)

(I need at least 4 children enrolled to operate the program.)

Student Information

Name

Last name: _____   First name: _____

Middle name: _____

Gender: _____   Date of birth: (MMM/DD/YYYY) _____

Address

Physical Address:

Mailing Address:
is identical (if not provide details below)   ___YES   ___NO

Street address: _____   Street address: _____

RR Number/ PO Box: _____   RR Number/ PO Box: _____

City Prov PC: _____   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: _____

work phone: _____

Cell phone: _____

E mail: _____

Living with student: ___YES ___NO

Address ___ same as student (page 1)

Physical Address:

Mailing Address:
is identical (if not provide details below) ___YES ___NO

Street address: _____

Street address: _____

RR Number/ PO Box: _____

RR Number/ PO Box: _____

City Prov PC: _____

City Prov PC: _____

Name

Last name: _____

First name: _____

Relationship to student: _____

Home phone: _____

work phone: _____

Cell phone: _____

E mail: _____

Living with student: ___YES ___NO

Address ___ same as student (page 1)

Physical Address:

Mailing Address:
is identical (if not provide details below) ___YES ___NO

Street address: _____

Street address: _____

RR Number/ PO Box: _____

RR Number/ PO Box: _____

City Prov PC: _____

City Prov PC: _____

Emergency Contact(s)
please provide at least one emergency contact beside parents/guardians

Last name: _____   First name: _____

phone: _____   Relationship to student: _____

E mail: _____

Can pick up student: ___YES   ___NO

Last name: _____   First name: _____

phone: _____   Relationship to student: _____

E mail: _____

Can pick up student: ___YES   ___NO

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:
When classes fill up, Parents/ Guardians agree to participate as a volunteer in one session
(their child is in enrolled) every second month.

For the correctness of this document, Parent/ Guardian

Name printed: _____

Signature: _____   Date: _____