

Place
Student
Picture
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BALFOUR COMMUNITY PRESCHOOL

7741 Upper Balfour Road, Balfour, BC V0G 2G0 S
 Phone: 250-352-0526
 Email: office@nelsonchristian.ca

2018/2019 Balfour Community Preschool Registration Form

Child INFORMATION		
Last Name:	First Name:	Middle Name:
Home Telephone:	Birthdate (m/d/y):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other	Documents Completed: <input type="checkbox"/> Medical Form <input type="checkbox"/> Severe Allergy/Health Alert Form <input type="checkbox"/> Application Form	Documents Enclosed: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Record

PARENT INFORMATION	
Mother/Guardian First & Last Name:	Father/Guardian First & Last Name:
Mother/Guardian Phone: Home/Work/Cell:	Father/Guardian Phone: Home/Work/Cell:
Mother/Guardian e-mail:	Father/Guardian e-mail:
Mother Guardian Street Address:	Father/Guardian Street Address:
Postal address if different from street address:	Postal address if different from street address:

EMERGENCY CONTACTS (In case of emergency or school closure, please provide names and phone numbers of contacts if school personnel cannot contact you.)		
Name	Phone Numbers & E-mail Address	Relationship to Student
The following individuals cannot pick up my child(ren):		
I give Educator staff permission to call a medical practitioner or ambulance in case of accident or illness if a parent cannot be immediately reached. yes <input type="checkbox"/> no		

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MEDICAL INFORMATION

Family Doctor:	Phone Number:
BC Care Card Number:	
Please list special health conditions, disabilities and/or allergies:	

PERMISSIONS

I give permission for:	
• My child to go on walking trips around the school and to local facilities (within 2km)	YES_ NO_
• My home phone number, mailing address and my child's name and grade to other parents	YES_ NO_
• My child's name and photo to be used in any school publications both electronic and paper	YES_ NO_
• My child's name and photo to be used in any media coverage of a school event	YES_ NO_
• The following individuals have permission to pick up my child(ren).	

CHURCH INFORMATION

Home Church (if applicable):

PLEASE INCLUDE THE FOLLOWING IN YOUR APPLICATION:

_ Copy of Birth Certificate
_ Copy of immunization records
-Severe Allergy, Health Concern Alert form (if applicable)

The collection and retention of the personal information on this form is required in order to register your child. This information will also allow Nelson Christian School Society to respond appropriately in the event of an emergency. The collection and retention of this information is permitted under the Personal Information Protection Act (PIPA). The information collected will be kept secure and will not be released to a third party without your consent.

For Office Use Only:

Date Received:	Entry Date:
	Exit Date: