



Arrowsmith Independent School 2016/2017

Preschool & Childcare

849 Hilliers Road, Qualicum Beach, BC V9K 1X5
 Mailing Address: 861 Hilliers Road, Qualicum Beach, BC V9K 1X5
 Preschool Phone: 250-594-2410
 Office Phone: 250-752-2722
 www.arrowsmithindependentschool.ca
 arrowsmithschool@shaw.ca

CHILD INFORMATION

LEGAL FIRST NAME	LEGAL MIDDLE NAME	LEGAL LAST NAME	
PREFERRED FIRST NAME	PREFERRED LAST NAME	MALE / FEMALE (CIRCLE ONE)	
ADDRESS	CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	PROVINCE	POSTAL CODE
BIRTHDATE	HOME PHONE NUMBER	OTHER CONTACT NUMBER	
**PLEASE ATTATCH A COPY OF BIRTH CERTIFICATE		AGE AT TIME OF REGISTRATION: _____	

STUDENT PREVIOUS SCHOOL HISTORY

PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL NAME	LAST GRADE COMPLETED	
ADDRESS OF PREVIOUS SCHOOL	CITY	PROVINCE	POSTAL CODE
PHONE NUMBER	FAX NUMBER		
ADDITIONAL INFORMATION: _____			

CITIZENSHIP, ESL & FIRST NATIONS

CITY AND PROVINCE OF BIRTH	CITIZEN OF	LANGUAGE AT HOME
OTHER LANGUAGES SPOKEN? IF YES, WHICH ONES? _____		
ABORIGINAL ANCESTRY?	BAND NAME	STATUS NUMBER
CIRCLE ONE: METIS / INUIT / NON-STATUS / STATUS-ON RESERVE / STATUS-OFF RESERVE		

MEDICAL CONTACT AND INFORMATION

_____	_____	_____	
BC CARE CARD NUMBER	FAMILY DOCTORS NAME	FAMILY DOCTORS NUMBER	

ADDRESS	CITY	PROVINCE	POSTAL CODE
ALLERGIES/HEALTH RELATED INFORMATION: _____			

ALL VACCINATIONS ARE UP TO DATE: YES / NO		My child is NOT vaccinated.	
**PLEASE PROVIDE COPY OF VACCINATION RECORD		_____	
		SIGNATURE OF PARENT	

PARENT/GUARDIAN INFORMATION #1

_____	_____	_____	
FIRST NAME	MIDDLE NAME	LAST NAME	

ADDRESS	CITY	PROVINCE	POSTAL CODE
<i>(IF DIFFERENT THAN STUDENTS)</i>			

HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	

PLACE OF EMPLOYMENT	EMAIL ADDRESS		
EMERGENCY CONTACT?	LIVING WITH STUDENT?	SHARED CUSTODY?	
YES / NO	YES / NO	YES / NO	
**PLEASE ATTACH A COPY OF THE CUSTODY ORDER (IF APPLICABLE)			

PARENT/GUARDIAN INFORMATION #2

_____	_____	_____	
FIRST NAME	MIDDLE NAME	LAST NAME	
_____		_____	
ADDRESS <i>(IF DIFFERENT THAN STUDENTS)</i>	CITY	PROVINCE	POSTAL CODE
_____	_____	_____	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	
_____	_____		
PLACE OF EMPLOYMENT	EMAIL ADDRESS		
EMERGENCY CONTACT? YES / NO	LIVING WITH STUDENT? YES / NO	SHARED CUSTODY? YES / NO	
**PLEASE ATTACH A COPY OF THE CUSTODY ORDER (IF APPLICABLE)			

SIBLINGS

_____	_____	M / F	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL
_____	_____	M / F	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL
_____	_____	M / F	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL
_____	_____	M / F	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL

EMERGENCY CONTACT INFORMATION #1

_____	_____	CAN PICK UP IN CASE OF EMERGENCY ? YES / NO	
LEGAL FIRST NAME	LAST NAME		

RELATION TO STUDENT			

ADDRESS	CITY	PROVINCE	POSTAL CODE
_____	_____		
HOME PHONE NUMBER	OTHER CONTACT NUMBER		

EMERGENCY CONTACT INFORMATION #2

_____	_____	CAN PICK UP IN CASE OF EMERGENCY ? YES / NO	
LEGAL FIRST NAME	LAST NAME		

RELATION TO STUDENT			

ADDRESS	CITY	PROVINCE	POSTAL CODE

_____	_____		
HOME PHONE NUMBER	OTHER CONTACT NUMBER		

PICK UP INFORMATION

Any child attending Arrowsmith Independent Preschool will only be released to their parent or alternative adult as listed on the Registration Form. If another adult is to be picking up your child, the parent or guardian must provide a signed note giving permission for Arrowsmith Independent School to release the child into their care.

PERSONS AUTHORIZED TO PICK UP MY CHILD:

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

PERSONS NOT AUTHORIZED TO PICK UP MY CHILD:

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

LEARNING REQUIREMENTS:

<p>REQUIRES LEARNING ASSISTANCE:</p> <hr/> <hr/> <hr/>
<p>REQUIRES SPECIAL NEEDS ASSISTANCE:</p> <hr/> <hr/> <hr/>

Additional information I want you to know about my child:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

It is the responsibility of the Parent/Guardian listed on this form to keep the information up to date and current.

By signing below I agree that the information I have submitted on this form is correct to the best of my knowledge.

PARENT/GUARDIAN #1 FULL NAME

SIGNATURE

DATE

PARENT/GUARDIAN #2 FULL NAME

SIGNATURE

DATE