

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