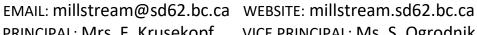


ÉCOLE MILLSTREAM ELEMENTARY

626 Hoylake Avenue, Victoria BC V9B 3P7 TELEPHONE: 250-478-8348 FAX: 250-474-5736





PRINCIPAL: Mrs. F. Krusekopf VICE PRINCIPAL: Ms. S. Ogrodnik

STRONG**S**TART

Early Learning Centre REGISTRATION FORM 2018-19

Date:	•	
HAS YOUR CHILD EVER AT	TENDED A STRONG STAR	T CENTRE? YES: 2 / NO: 2
IF YES, WHICH ONE:		
Child's Information:		
Legal Surname:	Legal First Name: _	Middle Name:
Preferred First Name: (if diffe	rent):	
Male: 🛽 / Female: 🗈	Birthdate:/	Copy of Birth Certificate: 2
Parent/Caregiver Informa	<u>ition:</u>	
Mother Surname:	First Name:	
Address:	Postal Code: _	
Home Phone:	Work Phone:	Cell Phone:
Father Surname:	First Name:	
Address:	Postal Code: _	
		Cell Phone:
Local Contact Person in C	ase of Emergency:	
Name:	Relationship:	
Home Phone:	Work Phone:	Cell Phone:
Does your child have any allergion	es or medical concerns that may a	affect his/her participation in the program?
Name of Adult Who Will Normally Attend With Child:		Relationship:

Entered MyEd: 2