

Please check the StrongStart centre(s) you will be attending:

- Cherry Hill Elementary School
- Mission Central Elementary School
- West Heights Community School
- Windebank Elementary
- Deroche Elementary
- Silverdale Elementary



Please fill out this important information for your child attending a Mission StrongStart program (*one form per child in your family*):

LEGAL Last Name: _____	LEGAL First Name: _____	LEGAL Middle Name: _____
Gender: Male Female	Date of Birth: _____	

ABORIGINAL ANCESTRY:

Band of Origin:

Band of Residence:

MEDICAL CONCERNS: Does your child have allergies or a life threatening medical condition? If yes, briefly explain:

First Contact Parent:

1) **Parent/Guardian Name** (Please Print): _____

Home Address: _____
Apt / House #
Street Name
City, Postal Code
Province

Home Phone #: _____ Cell Phone #: _____ Email: _____

Relationship to Child: _____

Second Contact Parent:

2) **Parent/Guardian Name** (Please Print): _____

Home Address: _____
Apt / House #
Street Name
City, Postal Code
Province

Home Phone #: _____ Cell Phone #: _____ Email: _____

Relationship to Child: _____

Signature of Parent/Guardian: _____ **Date:** _____

The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.