



Coast Mountains Board of Education School District 82

3211 Kenney Street, Terrace, BC V8G 3E9
Tel. (250) 635-4931 or 1-855-635-4931 • www.cmsd.bc.ca

STRONGSTART REGISTRATION FORM

STRONGSTART CENTRE: _____

Date: _____ **OFFICE USE ONLY** Start Date: _____ Grade: _____ YOG: _____

Student #: _____ PEN: _____

Registration Documentation: ☐ Student Proof of Age ☐ Student Proof of Citizenship

Primary Document:

Canadian Birth Certificate naming parents(s)

OR Birth Certificate with certified translation in English, if needed AND applicable Immigration, Citizenship, or Permanent Residence Document Or, **ONE** of the following documents may be used to register a student on an interim basis until the birth Certificate is produced: Canadian Citizenship Card First Nations Documentation/Band Card

Confirmation of Permanent Residence AND Passport Refugee Claimant Documentation from Immigration Canada Permanent Resident Card (front and back)

PLEASE PRINT CLEARLY

Has your child attended a StrongStart program in previous years: _____

District: _____ School Name: _____

STUDENT INFORMATION

Legal First Name: _____ PREFERRED First Name: _____

Legal Middle Name: _____ PREFERRED Middle Name: _____

Legal Last Name(s): _____ PREFERRED Last Name: _____

Home Phone Number: _____

Gender: ☐ Female ☐ Male ☐ Other

Birth Date: _____ Age: _____

STUDENT ADDRESS

Unit #: _____ House # and Street Name: _____

City: _____ Province: _____ Postal Code: _____



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MEDICAL INFORMATION / ALERTS

Care Card #: _____ Doctor's Name: _____

Phone #: _____ Allergies/Health Conditions: _____

CITIZENSHIP / LANGUAGE & CULTURE

Country of Birth: _____ Country of Citizenship: _____

Home Language: _____ Language Most Used: _____

Indigenous Ancestry: ☐ First Nations ☐ Métis ☐ Inuit ☐ N/A
☐ Living on Reserve ☐ Living off Reserve

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

Priority #1 Relationship: _____ First Name: _____ Last Name: _____

Home Phone: _____ Cell: _____ Work phone: _____

Email: _____

Priority #2 Relationship: _____ First Name: _____ Last Name: _____

Home Phone: _____ Cell: _____ Work phone: _____

Email: _____

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD DOES NOT RESIDE

Priority #3 Relationship: _____ First Name: _____ Last Name: _____

Unit #: _____ House # and Street Name: _____ City: _____

Prov.: _____ Postal Code: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Email: _____

CAREGIVERS WHO MAY ATTEND WITH THE CHILD: (OTHER THAN PARENT/GUARDIANS NOTED ABOVE)

Priority #4 Relationship: _____ First Name: _____ Last Name: _____

Home Phone: _____ Cell: _____

In accordance with the *Freedom of Information and Protection of Privacy Act*, Coast Mountains School District #82 requires consent to use students' personal information unrelated to education purposes.



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While photographs and videos add to the community life of the school, they are not always required for educational purposes. As such, the CMSD #82 requests your permission to use photographs and/or videotapes of your child participating in StrongStart and school activities. These photographs and/or videos will be taken during activities organized by the school during the school year. Photographs and videos are used at the school and may also be used for publishing, advertising, art, trade, or any other lawful purpose to promote or document the work of our schools and StrongStart Centres. They may be used in flyers, posters, web pages or other print or online formats.

YES, I give my consent for the use of photographs/videotapes of my child and information that identifies my child for the purposes described above, including publication on the school or District website. I also understand that from time to time, activities may also be photographed or videotaped by the media. I hereby waive any right to approve these images or any text that may be used with them, or to approve the use to which they may be applied.

NO, I do not consent to the publication of photographs/videotapes of my child or info that identifies my child for the purposes described above.

Please note that consent can be removed at any time by contacting the school.

PARENT / GUARDIAN SIGNATURE _____

EMAIL COMMUNICATION

The CMSD #82 would like to contact StrongStart parents/caregivers by email. Examples of such messages include reminders about scheduled StrongStart closures, special events, field trips, and notices about unplanned closures. We may also use email to contact you directly i.e. to follow up about something that happened in the center. We will not use your email address for any other purpose and will not share your email address.

If you wish to receive email communications from us, please identify your consent below. For each child you may provide up to 3 email addresses to contact. NOTE: the account holder's signature is required for each email address.

Email Address	First Name	Last Name	Relationship to Child	Signature



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VERIFICATION – LEGAL PARENT / GUARDIAN

I certify that the information on this form is correct.

Name: _____ Date: _____

Parent/Guardian Signature _____

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting, demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.