



# 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.*