



StrongStart Registration Form

School District #43 Coquitlam

Complete this form, save it and email it to strongstart@sd43.bc.ca along with a scanned copy of one of each appropriate documentation listed here:

Proof of Child's Birth Date

- Canadian Birth Certificate
- Canadian Passport
- Refugee Status Document
- Permanent Residency Card

Proof of Residency

- BC Driver's License (showing parent's name)
- Hydro/Gas/Cable Bill (showing parent's name)
- Utility/Municipal Tax Bill (showing parent's name)
- Residential Tenancy Agreement (showing parent's name)

Preferred Strong Start Centre (select 1 only)

- | | | |
|-----------------|----------------|------------|
| Birchland | Hazel Trembath | Rochester |
| Bramblewood | Meadowbrook | Roy Stibbs |
| Cedar Drive | Moody Middle | Seaview |
| Central | Mundy Road | |
| Coquitlam River | Riverview Park | |

Which other centres do you plan to attend? (select as many as needed)

- | | | |
|-----------------|----------------|------------|
| Birchland | Hazel Trembath | Rochester |
| Bramblewood | Meadowbrook | Roy Stibbs |
| Cedar Drive | Moody Middle | Seaview |
| Central | Mundy Road | |
| Coquitlam River | Riverview Park | |

Please print all information clearly and as it appears on your legal documentation

Student Information

Legal Last Name:	
Legal First Name:	
Legal Middle Name:	
Usual Called Name:	
Gender:	Female Male
Birth Date:	
Place of Birth:	
Home Phone:	

Property Address

House Number:	
Street Name:	
City:	
Postal Code:	
<i>Mailing Address (if different from Property Address)</i>	
Have you attended a StrongStart center outside of this school district? Yes No	
Name/Location of Center:	

Parent / Guardian Information	
Legal Last Name:	
Legal First Name:	
Legal Middle Name:	
Relationship to Child:	
Living with Student?	Yes No
Address (if different from student):	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

Parent / Guardian Information	
Legal Last Name:	
Legal First Name:	
Legal Middle Name:	
Relationship to Child:	
Living with Student?	Yes No
Address (if different from student):	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

Emergency Contact / Care-Giver Information	
Legal Last Name:	
Legal First Name:	
Home Phone:	
Relationship to Child:	
Cell Phone:	
Work Phone:	

Does your child have any medical concerns (E.G. allergies, chronic illnesses):

Protection of Privacy	
<p>This information on this form is collected under the authority of the School Act, section 13. The information will be used for StrongStart program purposes. 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 Freedom of information and Protection of Privacy Officer, School District No. 43 1080 Winslow Ave, Coquitlam, BC V3J 0M6. Phone (604) 939-9201</p>	
Parent / Guardian / Signature of approval:	Date:
I have read the StrongStart Letter of Expectation	
<p>For Office Use – DO NOT COMPLETE</p> <p>By selecting this checkbox, the StrongStart Facilitator attests that s/he has seen the original document for the child's proof of birth date.</p> <p>By selecting this checkbox, the StrongStart Facilitator attests that s/he has seen the original document for the child's proof of residency.</p>	