



StrongStart Registration Form

School District #43 Coquitlam

Complete this form online, print it and bring it to your StrongStart Centre along with **one of each** appropriate documentation listed here:

Proof of Child's Birth Date

- Birth Certificate
- 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 StrongStart Centre (select 1 only)		
<input type="checkbox"/> Birchland	<input type="checkbox"/> Coquitlam River	<input type="checkbox"/> Mundy Road
<input type="checkbox"/> Bramblewood	<input type="checkbox"/> Kilmer	<input type="checkbox"/> Riverview Park
<input type="checkbox"/> Cedar Drive	<input type="checkbox"/> Moody Middle	<input type="checkbox"/> Seaview

Which other centers do you plan to attend? (select as many as needed)		
<input type="checkbox"/> Birchland	<input type="checkbox"/> Coquitlam River	<input type="checkbox"/> Mundy Road
<input type="checkbox"/> Bramblewood	<input type="checkbox"/> Kilmer	<input type="checkbox"/> Riverview Park
<input type="checkbox"/> Cedar Drive	<input type="checkbox"/> Moody Middle	<input type="checkbox"/> Seaview

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: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Birth Date:	
Place of Birth:	
Document provided to verify birth date? <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other	
Home Phone	

Property Address	
House Number:	
Street Name:	
City:	
Postal Code:	
<i>Mailing Address (if different from Property Address)</i>	
Document provided to verify address? <input type="checkbox"/> Credit Card Invoice <input type="checkbox"/> Driver's License <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other	
Have you attended a StrongStart center outside of this school district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name/Location of Center:	

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

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

Care-Giver / Emergency Contact Information	
Legal First Name:	
Legal Last 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

The 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, 550 Poirier Street, Coquitlam, BC V3J 6A7. Phone (604) 939-9201.

Parent / Guardian / Caregiver signature of approval:	Date:

