



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

- 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 StrongStart 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 centers 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:	
Document provided to verify birth date?	
Passport	Birth Certificate
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?	
Credit Card Invoice	Driver's License Utility Bill
Other	
Have you attended a StrongStart center outside of this school district?	
	Yes No
Name/Location of Center:	

Parent / Guardian Information	
Legal First Name:	
Legal Last 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 First Name:	
Legal Last Name:	
Legal Middle Name:	
Relationship to Child:	
Living with Student?	Yes 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	
<p>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.</p>	
Parent / Guardian / Caregiver signature of approval:	Date:

I have read the StrongStart Letter of Expectation

