



SUMMER SCHOOL REGISTRATION FORM

STUDENT INFORMATION

_____	_____	_____	_____
First Name	Last Name	Sex (M or F)	Birth Date
_____		_____	_____
Street Address		City	Province
_____		_____	_____
_____	_____	_____	_____
Phone	Fax	Other	Email

PARENT/GUARDIAN INFORMATION

Child normally lives with: _____

_____	_____
Parent/Guardian #1 / Relationship	Parent/Guardian #1 / Relationship
_____	_____
Street Address / City / Prov / Postal Code	Street Address / City / Prov / Postal Code
_____	_____
Phone / Cel / Email	Phone / Cel / Email

In case of Emergency, who should we contact? (names and contact information, prioritized)

CHILD'S HEALTH INFORMATION

_____	_____	_____
Health Card Number / Expiry	Family Physician	Phone

List any allergies or health conditions of which KVA administration/teachers should be aware