Family Information									
Family									
Last Name:									
								D + 10 1	
Street Address: Ci		Cit	City:			Posta	Postal Code:		
Home Phone: Cel			:11:			Emai	Email Address:		
Parent Information									
Father's Name:			Mother's Name:						
Daytime Phone Number:			Daytime Phone Number:						
Student Information									
First Name	Last Name		Age	Gender		Birth Date (M/D/Y)		Health Card #	
Health difficulties: Heart Vision Hearing Speech									
Others:									
Allergies: Medication:									
Please note: if a child has been prescribed an epi pen or inhaler, please provide one in a fanny pack on the child.									
Family Doctor: Phone:									
Emergency Contact: Phone:									
Does your child have any known or suspected Learning Disabilities or behaviours that the school should be aware of? If yes, please explain.									
слрівш.									
Does your child require assistance with use of the toilet?									
Which session do you prefer?									
Do you give permission for photo's to be taken and used at the school's discretion?									
Signatures:									
Father/Guardian	uardian				Mother/Guardian				
Date				Date			_		

Payment: Please return this Enrolment Questionnaire and the Registration Form with a cheque for \$60 made out to Huron Christian School to the school office. Do not hesitate to call 519.482.7851 with any questions.