



Creative Nest

# CREATIVE NEST ACADEMY

EARLY LEARNING

1668 Ellis Street  
Kelowna

“Learning NEST  
FOR  
CREATIVE Children”

## STUDENT INFORMATION

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Gender  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## MEDICAL INFORMATION

Does your child suffer from a health condition that threatens their life?  Yes  No  
If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child in need of medication at school?  Yes  No  
If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other medical issues we should know about your child?  Yes  No  
If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

\_\_\_\_\_