Creative Nest

"Learning NEST FOR CREATIVE Children"

REGISTRATION FORM

DOWNTOWN KELOWNA

604-319-5028

Kelowna@CreativeNestAcademy.com

1668 Ellos St. Kelowna

Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Name: Preferred Start Date:

Gender: Date of Birth: / /

Home Address:

City: Province: Postal Code:

Program ☐ Full Part-time ☐ 3 Dyas-M,W,F ☐ 2 Dyas-Tu,Thr Meal Option: ☐ Yes ☐ No

GUARDIAN INFORMATION

Guardian Name:

Relationship to Student: Other:

Phone Number: Email Address:

Home Address (if different from student):

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship to Student: Phone Number:

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ yes ☐ No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

Health Insurance Provider: _____ Policy Number: _____

CONSENT & AGREEMENT

☐ I certify that the above information is correct to the best of my knowledge.

Documents Submitted: ☐ Registration form/Fee ☐ Immunization Records

☐ Fee Chart Agreement

Date: / / Signature: _____