



“Learning NEST
FOR
CREATIVE Children”

FORT LANGLEY

604-319-5028

FortLangley@CreativeNestAcademy.com

103 9103 Glover Road

REGISTRATION FORM

Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Name:		Preferred Start Date:	
Gender:		Date of Birth: / /	
Home Address:			
City:		Province:	Postal Code:
Program <input type="checkbox"/> Full <input type="checkbox"/> Part-time <input type="checkbox"/> 3 Dyas-M,W,F <input type="checkbox"/> 2 Dyas-Tu,Thr <input type="checkbox"/> Extended hours <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____