



REGISTRATION FORM

Junior Kindergarten to Grade Eight

(Please attach a copy of the student's birth certificate or passport with this form)

Student's Name: _____
(Surname) (Given Names)

Primary Address: _____ Phone: () _____
(Street) (Unit) (City) (Province) (Postal Code) (Country-if outside of Canada)

Date of Birth: ____/____/____ Male Female
(Year) / (Month) / (Day) (Grade in September 2017)

CONTACT INFO	Father <small>(Full Name)</small>	Mother <small>(Full Name)</small>	Legal Guardian <small>(Full Name) -If Applicable</small>	Family Physician
NAME				
EMPLOYER				
WORK PHONE NUMBER <small>Ext.</small>				
CELL NUMBER				
PRIMARY EMAIL <small>(monitored daily)</small>				
BUSINESS EMAIL				

Legal Custody: Father Mother Both Other

(Provide a copy of legal documentation if only one parent or a legal guardian has custody – e.g. birth certificate, court order, separation agreement, divorce decree, etc.)

Please indicate below the address of the parent who does **NOT** have custody, if applicable.

Name: _____ Phone: () _____ Relationship: _____

Address: _____
(Street) (Unit) (City) (Province) (Postal Code) (Country – if outside of Canada)

Communication:

General Information (Newsletters, events, etc.): Both Mother Only Father Only Legal Guardian(s)
 Accounting Information (Receipts/Statements): Both Mother Only Father Only Legal Guardian(s)

Has your child ever been expelled or suspended from school? Yes No

Name and address of SCHOOL ATTENDED in 2016-2017:	Phone & Fax Numbers of school attended in 2016-2017: Phone _____ Fax _____
HOW DID YOU HEAR ABOUT OUR SCHOOL? <input type="checkbox"/> Referral <input type="checkbox"/> MCA website <input type="checkbox"/> Other, please specify _____	REASON FOR REGISTERING AT OUR SCHOOL: _____ _____



EMERGENCY & MEDICAL INFORMATION

Please attach a copy of the student's immunization records with this form

Student's Name: _____
(Surname) (Given Names)

Date of Birth: ____/____/____ Health Card #: ____-____-____-____
(Year) (Month) (Day)

Responsible adults to whom this child may be released to in the event of an emergency **when parent(s)/legal guardian(s) cannot be reached:**

(1) Legal Name: _____ Relationship to child: _____
Home #: _____ Work #: _____ Cell #: _____
Address: _____
(Street) (Unit) (City) (Province) (Postal Code)

(2) Legal Name: _____ Relationship to child: _____
Home #: _____ Work #: _____ Cell #: _____
Address: _____
(Street) (Unit) (City) (Province) (Postal Code)

Medical Allergies:

Allergy:	Allergic Reaction:	Plan of Action:

***NOTE:** Any Allergies that can cause **ANAPHYLACTIC SHOCK** must be accompanied by **FORM B** (Allergy Alert Emergency Plan) along with your child's photo, EpiPen or Allerject and **FORM A** (Administration of Prescribed Medication) before your child can start!

MEDICAL CONDITIONS None OR As follows:

_____ **Plan of Action:** _____

(All medication to be administered by staff must be accompanied by **FORM A** (Administration of Prescribed Medication). Doctor's notes are required for all medication except fever reducers (i.e. Tylenol). **ASTHMA** medication, must be accompanied by **FORM C** (Student Asthma Management Plan). **FORMS A, B, and C** will be provided by the main office, upon review of the registration form.

History of communicable diseases & date i.e. chicken pox, 2010 No Yes (give details) _____

Food restrictions No Yes (give details- restriction, reason, response) _____

Additional responsible adults to whom child may be released - non-emergency (LEGAL NAMES PLEASE): optional

I hereby verify that the information provided is accurate to the best of my knowledge. I understand that it is my responsibility to update Mississauga Christian Academy of any changes *in writing* as they occur.

_____ Date

_____ Signature of Parent/Legal Guardian