CRYSTAL VIEW ELEMENTARY SCHOOL
2662 SILVERSTONE WAY, VICTORIA, BRITISH COLUMBIA V9B 6A6
T: 250-478-0576 | F: 250-478-3175

STRONG START (EARLY LEARNING CENTER) REGISTRATION FORM

WE WILL NEED ALL INFORMATION TO REGISTER INCLUDING A **COPY OF YOUR CHILDS BIRTH CERTIFICATE OR PASSPORT**

Submitted Date: _____

Has your child ever attended a strong start?
YES / NO

If yes, which one:
_____

Child's Information

Legal Last Name: _____ Legal First Name: _____

Middle Name: _____ Preferred First Name (if different): _____

Gender on ID: _____ Birthdate: _____/_____/_____
Day / Month / Year

Copy of Birth Certificate: Yes / No

Parent/Caregiver Information

Relationship: _____ Last Name _____First Name: _____

Address: _____ Postal Code: _____

Cell: _____ Work: _____

Home: _____

Relationship: _____ Last Name _____First Name: _____

Address: _____ Postal Code: _____

Cell: _____ Work: _____

Home: _____

Emergency Contact

Relationship: _____ Last Name _____First Name: _____

Cell: _____ Work: _____

Home: _____

Name of Adult Who Will Normally Attend W/ Child: Relationship: _____

_____