



Wagalus School

Registration Form

T'sakis Way
Port Hardy, BC
V0N 2P0
Phone (250) 949-6019

Name of child: _____

Birthdate: _____ Sex (M) or (F)

Name of Parent / Guardian: _____

Address: _____ Phone: _____

Place of work: _____ Phone: _____

Date of Enrolment: _____

Medical Insurance Number: _____

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

Person/s Authorized to call for child: _____

Phone: _____ Phone: _____

Persons Authorized to pick up child: _____

Phone: _____ Phone: _____

Names of other child/ren in family: _____ Birthdate: _____

Special Comments of instructions (medication / diet etc.):

Any known health problems:

Any indication of hearing or vision problems:

Allergies:

Eating habits:

Favourite foods:

Strong dislikes:

Religious or ethnic observances:

I authorize the teacher to obtain the following services for this child as necessary:

Public Health Nurse

Physician and or ambulance in the event of an emergency.

Yes: _____ No: _____

Comments:

Signature of Parent/ Guardian: _____

Signature of Teacher: _____

Date: _____