



Feeling Good About Being Me - Registration Form 2012



What School Will your Child be Attending: _____		
Child's Full Name:		Child's Preferred Name:
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent/Guardian Name(s):		
Mailing Address:		
Telephone:	Home:	Work:
Emergency Contact-Name & Telephone:		
Child's Health Card Number:	Family Doctor:	Phone:
Child's Allergies or Medical Conditions:		Medications:
Limits to child's physical activity:		

1Are there any days your child will be unable to attend the program?		
Please list anyone other than yourself who will be picking up your child. <u>Only people you list here may pick up your child.</u>		
<u>Other Comments:</u>		
Do you give permission for your child to be photographed while at the program for use in publications associated with the South Shore Family Resource Association?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature: _____

How do I register?
 Fill out the above registration form and return it to:
Faxing the form to: (902) 543-1828
Mail or drop off the form to: The Family Support Centre, 156 York Street, Bridgewater, N.S. B4V 1R3