

Calvin Christian School**Registration Form - 2010/2011**

547 West Fifth Street, Hamilton, ON L9C 3P7
 phone: 905-388-2645 fax: 905-388-2769

FAMILY INFORMATION			
Child's First Name:	Middle Name:	Birthdate:	Male/Female:
Last Name:	Father's Name:	Mother's Name:	
Street and Mailing Address:			
City:	Province: Ontario	Postal Code:	
Home Phone Number:	Father's Cell:	Mother's Cell:	
Father's E-mail:		Mother's E-Mail:	
Father's Place of Employment:		Telephone:	
Mother's Place of Employment:		Telephone:	
Father's Citizenship:		Mother's Citizenship:	
Church Membership:	Denomination/Affiliation:	City where located:	
Pastor's Name:		Telephone:	
Emergency contact (AFTER attempting to notify parents)	Name:	Phone Number:	Relationship to family:
Family Physician	Name:		Phone Number:
Special Needs/Allergies/ Concerns			
Child's Health Card # (optional)			
PREFERENCE:	A.M. Session Only:	A.M. and P.M. Session:	
Transportation: Do you require CCS school bus transportation?		Yes	No
If no, what other arrangements do you have in mind?			
Child Custody Issues? (Please attach a copy of the court order.)		Yes	No

Signed

Date:

The personal information collected herein is for the use of Calvin Christian School only. Calvin Christian School does not discriminate on the basis of race, ancestry, colour, national or ethnic origin, citizenship, and gender.