

Calvin Christian School

547 West Fifth Street, Hamilton, ON L9C 3P7
 phone: 905-388-2645 fax: 905-388-2769
www.ccshamilton.ca info@ccshamilton.ca

Jubilee School

Registration Form - 2012/2013

FAMILY INFORMATION			
Child's Last Name:	First Name:	Middle Name:	Male/Female:
Birthdate:	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)			
Names and birthdate of younger siblings at home			

PREFERENCE:	A.M. Session Only:	A.M. and P.M. Session:
Transportation: Do you require CCS school bus transportation?	Yes	No
Child Custody Issues? (Please attach a copy of the court order.)	Yes	No
Do you plan to enrol your child in the CCS SK Program the following year?	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.