

GIBBONS PRESCHOOL ASSOCIATION
 2nd Floor of Gibbons Community Cultural Centre
 Box 826
 Gibbons, AB, T0A 1N0
www.gibbonspreschool.com
info@gibbonspreschool.com

STUDENT REGISTRATION 2017-2018

Date of Registration:	
Legal First Name:	
Legal Middle Name:	
Legal Last Name:	

Birth Date:				
Gender:	<input type="radio"/>	Female	<input type="radio"/>	Male
Home Phone No:				

If student does not normally go by their legal name, indicate:

Preferred First Name:	
Preferred Last Name:	

CHOICE OF CLASS		School Year runs September through May Classes are held on Mon, Wed, Fri Following the Sturgeon School Division Calendar
MORNING (9:00 - 11:30)	<input type="radio"/>	
AFTERNOON (12:00 - 2:30)	<input type="radio"/>	

Mailing address:

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Should enrollment not dictate two classes,
both classes will be combined and only a morning class will run

911 (Physical) Address:

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Subdivision/Legal land description (if needed):

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Please complete this form and submit along with \$20.00 non-refundable registration fee BEFORE the start of the school year

Parent/Guardian 1 Information:

First Name:				
Surname:				
Address: (if different than student)				
Cell Phone:				
Ok to text cell phone:	<input type="radio"/>	Yes	<input type="radio"/>	No
Work Phone:				
Email Address:				

Parent/Guardian 2 Information:

First Name:				
Surname:				
Address: (if different than student)				
Cell Phone:				
Ok to text cell phone:	<input type="radio"/>	Yes	<input type="radio"/>	No
Work Phone:				
Email Address:				

Please list additional people who you authorize to pick up your child from school:

Name:	Number:	Name:	Number:
Name:	Number:	Name:	Number:

Declaration and Consent

I hereby affirm that I have read this registration form and the accompanying Student Information Booklet and understand how this information will be used. I affirm that the information given on this registration form is complete and correct. As indicated by my signature below, I hereby freely and voluntarily consent to have the information provided by me accessible as indicated.

_____ Signature of Parent/Legal Guardian	_____ Date
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