

Aboriginal Kindergarten Enrolment Form 2008/09

Please Note: Parents whose children have attended Headstart programs are also required to complete this form.

Student name: _____

Date of birth: _____

Morning Kindergarten school: _____
(LFNK programs are p.m. only)

Home address: _____

Name of parent
or guardian: _____

Daytime telephone: _____

Emergency contacts: 1) _____ Ph: _____

2) _____ Ph: _____

Names of people approved to pick-up child: _____

Any known allergies / medical conditions: _____

Please check: My child has previously attended a Headstart program in Campbell River

Yes ___ No ___ Where? _____

I, _____ give permission for my child _____

to participate in any field trips that Aboriginal Kindergarten may take during the 2008/09 school year.

I understand that I will be notified of all arrangements prior to each trip.

Parent/Guardian signature: _____

Date: _____

School secretaries: please return this form to Greg Johnson, Aboriginal Education



School District 72 • Campbell River, B.C.

