



FRIEND DAY SIGN-UP

A. STUDENT(S) INFORMATION *(please fill in and check the blanks that apply)*

STUDENT: _____		
<i>Legal Surname</i>	<i>Legal Given Names (First and Middle)</i>	<i>Preferred Given Name</i>
ADDRESS: _____		
CITY: _____	PROVINCE: _____	POSTAL CODE: _____
HOME PHONE: _____	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
PRESENT SCHOOL: _____		
MEDICAL PROBLEMS: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____		
Asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child carry an inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes (self-medicating) <input type="checkbox"/> Yes, requires help		
Food restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____		
Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Type? _____		
Symptoms of Allergies: _____		
Carry an Epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ALBERTA HEALTH CARE #: _____		

B. FAMILY INFORMATION

PARENT/GUARDIAN #1: _____

<i>Legal Surname</i>	<i>Legal Given Names (First and Middle)</i>
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RELATIONSHIP TO STUDENT: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

PARENT/GUARDIAN #1: _____

<i>Legal Surname</i>	<i>Legal Given Names (First and Middle)</i>
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RELATIONSHIP TO STUDENT: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

EMERGENCY CONTACT #1: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

STEPS TO REGISTER FOR FRIEND DAY:

1. Fill out the form, including all relevant contact information.
2. Call CWAA (403-286-5686) to register your child OR FAX the form to (403) 247-1623 OR bring the form to CWAA on Friend Day, March 20, 2015!