



## FRIEND DAY SIGN-UP

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

<b>STUDENT:</b> _____		
<i>Legal Surname</i>	<i>Legal Given Names (First and Middle)</i>	<i>Preferred Given Name</i>
<b>ADDRESS:</b> _____		
CITY: _____	PROVINCE: _____	POSTAL CODE: _____
HOME PHONE: _____	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
PRESENT SCHOOL: _____	GRADE : _____	
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. Bring form to CWAA Office to register your child OR FAX the form to (403) 247-1623. -