



# 2017-18 CWAA FRIEND DAY SIGN-UP

## STEPS TO REGISTER FOR FRIEND DAY:

1. Child attending Friend Day must be 5 years of age or older by September 30, 2018.
2. Fill out the form, including all relevant contact information.
3. To register your child send this form to [reception@cwaa.net](mailto:reception@cwaa.net) or fax the form to (403) 247-1623 by February 14.
4. YOUR CHILD IS NOT ABLE TO USE SCHOOL BUS TRANSPORTATION ON FRIEND DAY.

### A. STUDENT 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 BIRTHDATE _____		
PRESENT GRADE: _____ OR ENTERING KINDERGARTEN SEPT/18 <input type="checkbox"/> Yes <i>day / month / year</i>		
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"/> Yes (self-medicating) <input type="checkbox"/> Yes, requires help <input type="checkbox"/> No		
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: _____		
Does your child carry an Epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ALBERTA HEALTH CARE #: _____		

### B. NAME OF CWAA STUDENT/FAMILY INVITING YOU \_\_\_\_\_

### C. YOUR FAMILY INFORMATION

#### PARENT/GUARDIAN #1: \_\_\_\_\_

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

#### PARENT/GUARDIAN #2: \_\_\_\_\_

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

#### EMERGENCY CONTACT : \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

HOME PHONE: _____	CELL PHONE: _____
-------------------	-------------------