



# SharpMinds Academy

## REGISTRATION FORM

### Student information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_ Health card: \_\_\_\_\_

### Parent/Legal Guardian emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

#### *Phone numbers*

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Approved individuals to pick up student – In centre only:

<i>Name</i>	<i>Cell Phone number</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*For office use only:* Student number: \_\_\_\_\_

Date signed

\$10 registration fee