



Date of Birth: _____

Date Registered: _____

Name: _____
(First) (Middle) (Last)

Address: _____ Home Phone #: _____

Name & Address of Sitter or Daycare: _____

Mother Tongue: _____

Ethnic Origin: (Ethnic Data is ESSENTIAL for funding purposes)

Dene: _____ Inuit: _____ Metis: _____ Other than these 3: _____

Proof of the student's age must be presented: (a photo copy is placed on file)

Birth Certificate Number: _____
(Certificate #) (Province/Territory)

N.W.T. (or provincial) Health Care Number: _____

Is your child a beneficiary of any of the following land agreements:

Inuvialuit: _____ Sahtu: _____ Gwich'in: _____ Tlicho: _____ No: _____

Mother's Name: _____

Employer: _____ Work Ph. #: _____

Father's Name: _____

Employer: _____

Work Ph. #: _____

Second Parents' address: (if different from child's):

_____ Phone #: _____

Any problem when child is separate from parents? Yes _____ No _____

In case of Emergency, contact: (if unable to reach parents)

_____ Phone #: _____

Siblings name and ages: _____

Age when child began talking: _____ Second Language: _____

Any concerns about child's speech or any problems understanding? Yes _____ No _____

Has your child had a Speech Therapist's assessment? Yes _____ No _____

Is your child right or left handed: Left _____ Right _____

Does your child need special care of any kind? Yes _____ No _____

if yes please indicate what? _____

Does your child need any medication? Yes _____ No _____

if yes please indicate what? _____

Does your child have any allergies? Yes _____ No _____

if yes please indicate what? _____

Are your child's immunizations up to date? Yes _____ No _____

Do you have any other medical concerns we should be aware of?

ie: Medical alert, asthma, serious frequent ear infections
