



Reg #: _____

Start Date: ____/____/____
M D Y

Bright Minds Academy & OSC
St. Paul School
(780) 394 4686
brightmindsosc@gmail.com

OSC REGISTRATION FORM

Student Information

First Name: _____	Last Name: _____
Birthdate: ____/____/____ M D Y	Gender: Male/Female (Please circle)
Address: _____	
City: _____	Prov: _____ Postal Code: _____
Grade: _____	Teacher: _____

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____ Prov: _____ Postal Code: _____	City: _____ Prov: _____ Postal Code: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Email Address: _____	Email Address: _____
Name of Employer: _____	Name of Employer: _____
Work Address: _____	Work Address: _____
City: _____ Prov: _____ Postal Code: _____	City: _____ Prov: _____ Postal Code: _____
Work Phone #: _____	Work Phone #: _____

Emergency Contact Information

Emergency Contact # 1	Emergency Contact # 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____ Prov: _____ Postal Code: _____	City: _____ Prov: _____ Postal Code: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____

Health/Medical Information

Alberta Health Care#: _____

Physician: _____ Phone #: _____

Known Allergies/Food restrictions: _____

Other Health or Medical Conditions: _____

Are your child's immunizations up to date? Yes/No (Please circle).
Please attach a copy of immunization records.

Is your child on any medications? Yes/No (Please circle).
If so, please include a list of all medications.

Any other information you would like us to know about your child:

Authorization for Pick-up

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorize to pick up your child on your behalf.

First Name: _____

Last Name: _____

Relation to Child: _____

Address: _____

City: _____ **Prov:** _____ **Postal Code:** _____

Phone Number: _____

Cell Number: _____

Work Number: _____

Signature by all Parents/Guardians

Parent/Guardian # 1

Parent/Guardian # 2

Please attach a non-refundable registration fee of \$70.

Hours of Operation: 7 am – 6 pm

Please indicate hours your child will be attending the program.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					
Total Hours					

FEES:

Kinder: \$740

Grades 1 -6: \$540