



**Beautiful Savior Lutheran School**  
 52 Birchdale Avenue - Winnipeg, MB - R2H 1R9  
 Phone: 984-9600 Fax: 984-9607

Office Use Only:		REG.	<input type="checkbox"/>
CF:	<input type="checkbox"/>	BASC:	<input type="checkbox"/>
		N/D Dep	<input type="checkbox"/>
OTHF:	<input type="checkbox"/>	URIS:	<input type="checkbox"/>
		FRMS:	<input type="checkbox"/>
GS#: _____			

**BIRCHDALE CAMPUS REGISTRATION FORM 2012 - 2013**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address : \_\_\_\_\_ City : \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Birthdate m/d/y: \_\_\_\_\_ Grd: \_\_\_\_\_  
 Primary E-mail: \_\_\_\_\_ (for weekly school information)  
 Last School: \_\_\_\_\_ Home sch. div.: \_\_\_\_\_

**FAMILY INFORMATION**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Mother Home#: \_\_\_\_\_ Father Home#: \_\_\_\_\_  
 Mother Address: \_\_\_\_\_ Father Address: \_\_\_\_\_  
 (if different from student) (if different from student)  
 Mother Employer: \_\_\_\_\_ Father Employer: \_\_\_\_\_  
 Mother Work #: \_\_\_\_\_ Cell : \_\_\_\_\_ Father Work #: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Lives with: \_\_\_\_\_ Legal custody?: \_\_\_\_\_ Lgl Restriction: \_\_\_\_\_  
 (Please provide custody order) (month/year of birthdate)  
 Siblings: \_\_\_\_\_  
 Congregation: \_\_\_\_\_ Denomination: \_\_\_\_\_  
 Aboriginal Ancestry: **Not applicable** **First Nations** **Metis/Mixed Ancestry** **Inuit** **Undeclared**  
 (please circle one) **\*\*This information is required for reporting to the Provincial Government.**

**MEDICAL INFORMATION**

Family Med: \_\_\_\_\_ (6 digit) Doctor: \_\_\_\_\_  
 Pers Hlth Ins #: \_\_\_\_\_ (9 digit) Doctor Phone #: \_\_\_\_\_  
 Does your child have a life threatening allergy? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Is your child prescribed an Epipen? Yes : \_\_\_\_\_ No : \_\_\_\_\_  
 Does your Child have asthma medication prescribed? Yes : \_\_\_\_\_ No : \_\_\_\_\_  
 Does your child have any health concerns that we should be aware of? Yes : \_\_\_\_\_ No : \_\_\_\_\_  
 Explain: \_\_\_\_\_

**EMERGENCY CONTACTS**

**\*Other than the parents/guardians**  
 EC#1: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home #1: \_\_\_\_\_ Work #1: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 EC#2: \_\_\_\_\_ Address : \_\_\_\_\_  
 Home #2: \_\_\_\_\_ Work #2: \_\_\_\_\_ Cell #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child may be released to the following people: (other than the parents/guardians)**

Rel #1: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Rel #2 : \_\_\_\_\_ Home # : \_\_\_\_\_ Work # : \_\_\_\_\_ Cell # : \_\_\_\_\_

## REGISTRATION INFORMATION

<b>School</b>					
3 - Day Kindergarten (M-W-F)	<input type="checkbox"/>	5 - Day Kindergarten	<input type="checkbox"/>	Grade 1	<input type="checkbox"/>
Grade 2	<input type="checkbox"/>	Grade 3	<input type="checkbox"/>	Grade 4	<input type="checkbox"/>
Grade 5	<input type="checkbox"/>	Grade 6	<input type="checkbox"/>	Grade 7	<input type="checkbox"/>
Grade 8	<input type="checkbox"/>				

<b>BASC (Before and After School Care) 5 - 12 year olds</b>					
<u>Check off required sessions</u>	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 - 8:30 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:15 - 5:30 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Nursery School / Daycare - 3 to 5 yr. olds</b>					
<u>Check off required sessions</u>	Monday	Tuesday	Wednesday	Thursday	Friday
Nursery School (9:00 a.m. - 12:00 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Day Daycare (7:00 a.m - 5:30 p.m.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that Beautiful Savior Lutheran School is a Christian School, and that all classes are taught from the perspective of the Christian faith. I desire my child to be a part of this school and agree to pay the tuition and fees as they have been explained to me. I hereby certify that the information provided on this form is true and accurate.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**TO COMPLETE THE REGISTRATION PROCESS, PLEASE RETURN THIS FORM ALONG WITH:**

- Kindergarten to Grade 8 - a \$50.00 non-refundable deposit fee per child
- BASC - a month's fees which is a non-refundable deposit fee per student (applicable to last month's fees)
- Nursery / Daycare - a month's fees which is a non-refundable deposit fee per child (applicable to last month's fees)

START DATE: .....