



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 2011-2012

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: _____
 Mother Work Address: _____ Father Work Address: _____
 Lives with: _____ Legal custody?: (Please provide custody order) Lgl Restriction: _____
 Siblings: _____ (month/year of birthdate)
 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

EC#1: _____ Address: _____
 Home #1: _____ Work #1: _____ Cell #1: _____
 EC#2: _____ Address : _____
 Home #2: _____ Work #2: _____ Cell #2: _____

Child may be released to the following people:

Rel #1: _____ Home #: _____ Work #: _____ Cell #: _____
 Rel #2 : _____ Home # : _____ Work # : _____ Cell # : _____

REGISTRATION INFORMATION

School

3 - Day Kindergarten (M-W-F) 5 - Day Kindergarten Grade 1 Grade 2
 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8

BASC (Before and After School Care) 5 - 12 year olds

<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"/>

Nursery School / Daycare - 3 to 5 yr. olds

Check off required sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Nursery School (9:00 a.m. - 11:30 a.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 - one month's fees which is a non-refundable deposit fee per student (applicable to last month's fees)

****NEW Grade 1-8 students - a \$125.00 assessment fee**(this fee applies only to students new to BSLS)**

START DATE: _____