



Christian Homeschool Academic Ministry Program Society
Student Emergency Information (2010-2011)

Note: Complete one per child

Please complete carefully and return with registration form. This form will be copied and given directly to each of your child's teachers, enabling staff to act quickly and effectively in case of an emergency.

Student Name: (Last) _____ (First) _____

Birth date: ____ / ____ / ____ Age (on Dec. 31/10): ____ Grade: ____ Sex: M F
(Year) (Month) (Day)

Parents' Names: Mother _____ Father _____

Home Phone: _____ Fax: _____

Work or Cell #1: _____ Work or Cell #2: _____

E-Mail: _____

Doctor's Name: _____ Phone #: _____

Alberta Health Care #: _____

Participating **this year** in:

____ Full-Day ____ Program (excluding languages) ____ Language only

Language: ____ French ____ German ____ Spanish

Names of siblings who are registered in CHAMP: Younger _____

Older _____

Medical Considerations or Allergies: _____

Educational Considerations:

Reading: Below ____ At ____ Above ____ average reading level for his/her age

If 'below' average, please provide details so that we may be sensitive to your child's needs in class:

Special Needs (Please refer to 'Behavior Policy' for further information): _____

History (Previous difficult classroom experiences, etc.): _____

EMERGENCY CONTACT PEOPLE (In addition to parents):

Emergency Contact #1:

Name: _____ Relationship to child: _____

Home Phone: _____ Work/cell phone: _____

Emergency Contact #2:

Name: _____ Relationship to child: _____

Home Phone: _____ Work/cell phone: _____