



**Christian Homeschool Academic Ministry Program Society**  
**Student Emergency Information (2011-2012)**

**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. 31/11): \_\_\_\_ 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: \_\_\_\_\_