

Cseyseten Family Language Nest c/o Chief Atahm School  
Box 1068, Chase, BC, VOE 1M0



**Registration Form**

**Personal Information**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ First Name Used: \_\_\_\_\_

Gender: Male or Female Birth Date (mm/dd/yy): \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Band Name & Number: \_\_\_\_\_

**Family Information**

**Marital status of Parents:**

Married/Common law  Divorced  Separated  Widow(er)  Single

Mother/Guardian: _____ cell #: _____ Work #: _____
Email (please print clearly): _____

Father/Guardian: _____ cell #: _____ Work #: _____
Email (please print clearly): _____

<b><u>Fill out this section if applicable</u></b>
Parent Residing Outside of Home: _____ Relationship to student: _____
Mailing Address: _____ Email: _____
Home phone: _____ Work phone: _____ Cell phone: _____

If custodial parent cannot be contacted, can student be released to the non-custodial parent? YES / NO  
*If no, must provide legal documentation*

Custody Papers on File with Cseyseten Family Language Nest Centre c/o Chief Atahm School YES / NO

Cseyseten Family Language Nest Centre, c/o Chief Atahm School cannot enforce custody restrictions without a court order on file  
I have read & understand this requirement regarding custody restrictions above. Initial \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information** *(Preferably someone close to the Language Nest & readily accessible)*

Contact #1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## **Health Information**

Doctor's Name: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Physical Address: \_\_\_\_\_  
Street address                      Box #                      City                      postal code

Office Phone: \_\_\_\_\_ Student Care Card Number: \_\_\_\_\_

## **Medical Conditions / Allergies**

- |                                                       |                                              |                                                               |                                                   |
|-------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Peanut Allergies             | <input type="checkbox"/> Bee Sting Allergies | <input type="checkbox"/> Heart condition                      | <input type="checkbox"/> Diabetic                 |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Seizures            | <input type="checkbox"/> ADHD / ADD                           | <input type="checkbox"/> Medications (list below) |
| <input type="checkbox"/> Other Allergies (list below) |                                              | <input type="checkbox"/> Other Medical Condition (list below) |                                                   |

## **Other Allergies**

\_\_\_\_\_

\_\_\_\_\_

## **Other Medical Conditions**

\_\_\_\_\_

\_\_\_\_\_

## **Medication List (i.e.: epipen, inhalers, etc.)**

## **Instruction on how to use medications**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Health Issue**

I AGREE ALL LIFE THREATENING OR CHRONIC ILLNESS MEDICATIONS WILL BE SUPPLIED AND MONITORED BY PARENTS OR GUARDIANS.

I have read & I understand this requirement regarding Health Issue      Initial \_\_\_\_\_      Date \_\_\_\_\_

## **Language Information (Please circle)**

Does your child speak Secwepemctsin?	Yes	Some	No
Does Mom Speak Secwepemctsin?	Yes	Some	No
Does Dad speak Secwepemctsin?	Yes	Some	No
Does anyone speak Secwepemctsin?	Yes	Some	No

## **Additional Information (please check mark)**

I give permission for my child to be treated by medical personnel at the nearest hospital in case of emergency, if parents/guardians cannot be reached.

I give permission for my child and/or their work to be photographed, videotaped, or tape recorded for Chief Atahm School website or educational purposes only.

***Parents are responsible for dropping off and picking up their children at the Language Nest Building***

\_\_\_\_\_  
Parent/ Guardian Name (please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date