



GREAT LIGHT HEALING COMMUNITY SERVICES SOCIETY

12057 88th Ave, Surrey, BC V3W 3J3



www.glhcommunityservices.org



info@glhcommunityservices.org



(778) 328-7729

EDUCATION & ACADEMIC SUCCESS INSTITUTE (EASI) – JK PROGRAM

ENROLLMENT FORM

Please attach a family photo (will be kept private)

Child Information

First Name	Middle	Last Name			
Nickname/Name Child Responds to	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Birth Date dd mm yyyy	Starting Date dd mm yyyy		
Street Address	Apt. #	City	Province	Postal Code	
Child's First Language	Child's Second Language	Language(s) Spoken at Home			
Person(s) with whom the child lives					

Parent/Guardian Information

First Name	Last Name	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
Home Address		Home Phone No.		
Employer		Work Phone No.	Extension	
Job Title	Email Address	Cell Phone No.		
First Name	Last Name	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
Home Address		Home Phone No.		
Employer		Work Phone No.	Extension	
Job Title	Email Address	Cell Phone No.		

Parent's Status:

Married <input type="checkbox"/>	Common-Law <input type="checkbox"/>	Partners <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>
----------------------------------	-------------------------------------	-----------------------------------	------------------------------------	-----------------------------------	----------------------------------	---------------------------------

OUR VISION

EMPOWERING INDIVIDUALS FROM ALL WALKS OF LIFE, THROUGH RESTORATIVE SERVICES, IN ORDER TO MAKE HOLISTIC APPROACH TO CARE MORE SUCCESSFUL AND ACHIEVABLE.

OUR MOTTO

PERFORMANCE, PRODUCTIVITY, RESULTS & GLOBAL IMPACTS



GREAT LIGHT HEALING COMMUNITY SERVICES SOCIETY

12057 88th Ave, Surrey, BC V3W 3J3



www.glhcommunityservices.org



info@glhcommunityservices.org



(778) 328-7729

Alternative Emergency Contact Information

First Name	Last Name	Relationship	Phone No.
Home Address		Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?
First Name	Last Name	Relationship	Phone No.
Home Address		Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?

Person(s) Authorized to Pick Up Child (including Mother & Father), with photo ID

First Name	Last Name	Relationship	Phone No.
First Name	Last Name	Relationship	Phone No.
First Name	Last Name	Relationship	Phone No.
First Name	Last Name	Relationship	Phone No.

Child lives with:

Both Parents Mother Only Father Only Other, please specify: _____

Health / Nutrition

Words child uses for toileting	
Illness(es) child has had	
Does the child:	
Have vision problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Take medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have hearing problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have speech/language problems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Have food dislikes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have other health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify and comment on items ticked 'yes'	

OUR VISION

EMPOWERING INDIVIDUALS FROM ALL WALKS OF LIFE, THROUGH RESTORATIVE SERVICES, IN ORDER TO MAKE HOLISTIC APPROACH TO CARE MORE SUCCESSFUL AND ACHIEVABLE.

OUR MOTTO

PERFORMANCE, PRODUCTIVITY, RESULTS & GLOBAL IMPACTS



GREAT LIGHT HEALING COMMUNITY SERVICES SOCIETY

12057 88th Ave, Surrey, BC V3W 3J3



www.glhcommunityservices.org



info@glhcommunityservices.org



(778) 328-7729

Please note any other special considerations regarding your child:

I understand that GLHCSS is a Christian organization and I agree to the Christian beliefs, ethos and teaching of the program.

Emergency Health Information

Medical Insurance No.	Care Card / Personal Health No.
-----------------------	---------------------------------

Emergency Consent

It is the policy of EASI JK Program to notify their parent/guardian when their child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child. Return the signed form to us immediately.

I hereby give my consent for my child, _____, when ill, to be taken to the nearest emergency centre by the staff of EASI JK Program when I cannot be contacted.

I consent to an ambulance being called to transport the child, if necessary.

Signature or Parent / Guardian	Name (please print)	Date	dd	mm	yyyy
		Signed			

OUR VISION
EMPOWERING INDIVIDUALS FROM ALL WALKS OF LIFE, THROUGH RESTORATIVE SERVICES,
IN ORDER TO MAKE HOLISTIC APPROACH TO CARE MORE SUCCESSFUL AND ACHIEVABLE.

OUR MOTTO
PERFORMANCE, PRODUCTIVITY, RESULTS & GLOBAL IMPACTS