



GREAT LIGHT HEALING COMMUNITY SERVICES SOCIETY

12057 88th Avenue, Surrey, BC - V3W 3J3

info@glhcommunityservices.org | www.glhcommunityservices.org | +1 (778) 328-7729

AFTER SCHOOL PROGRAM

Registration Form

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								
Child needs academic support in: <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Other: _____ (please specify)								
Program registering child for: <input type="checkbox"/> Homework Club <input type="checkbox"/> Language Program <input type="checkbox"/> BOTH (Homework Club & Language Program)								

Parent/Guardian

First Name		Last Name		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Home Address					Home Phone No.	
Job Title		Email Address			Cell Phone No.	
First Name		Last Name		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Home Address					Home Phone No.	
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"/>
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Child/children lives with:

Both Parents <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Father Only <input type="checkbox"/>	Other, please specify: _____
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Alternative Emergency Contact

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

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



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

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

I agree to the Christian beliefs and ethos of this organization.

Health Information

Words child uses for toileting:			
Do any of the children:			
Have vision problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Take medications?
Have hearing problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have allergies?
Have speech/language problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have food dislikes?
Require a special diet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have other health concerns?
Specify and comment on items ticked 'yes'			
Please note any other medical conditions or special considerations:			

Emergency Health Information

Medical Insurance No.	Care Card / Personal Health No.
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Emergency Consent

I hereby give my consent for my child, _____, when ill, to be taken to the nearest emergency centre by the staff of Great Light Healing Community Services Society (GLHCSS) when I cannot be contacted.

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

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

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