



STRONG START

Early Learning Centre
REGISTRATION FORM 2025-2026

****Previously Registered at a SD#62 Strong Start program**
_____ yes _____ no

Willway Elementary School

Date: _____

Child's Information:

Legal Surname: _____ Legal First Name: _____ Middle Name: _____

Preferred First Name: *(if different):* _____

Birthdate: ____ / ____ / ____
Day Month Year

Copy of Birth Certificate or Passport Required: ☐

Parent/Caregiver Information:

Mother Surname: _____ First Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Father Surname: _____ First Name: _____

Address: _____ Postal Code: _____
(if different)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Local Contact Person in Case of Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Does your child have any allergies or medical concerns that may affect his/her participation in the program?

Name of Adult Who Will Normally Attend With Child: _____ Relationship: _____

Office Use Only:

PEN: _____

Enrollment Date: _____

Entered MyEd: ☐