

Cseyseten Family Language Nest c/o Chief Atahm School
Box 1068, Chase, BC, V0E 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): _____

Fill out this section if applicable

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

- Peanut Allergies Bee Sting Allergies Heart condition Diabetic
- Asthma Seizures ADHD / ADD Medications (list below)
- Other Allergies (list below) 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