



# THUNDER BAY CHRISTIAN SCHOOL

37 Cooper Road, Rosslyn, ON P7K 0E2

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## REGISTRATION FORM 2023-2024

STUDENT INFORMATION		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
DATE OF BIRTH:	GRADE PLACEMENT:	
ADDRESS:		
HOME PHONE #:	EMAIL:	
CELL PHONE (DAD):	CELL PHONE (MOM):	
MEDICAL INFORMATION		
HEALTH CARD #:		
FAMILY DOCTOR:		
ADDRESS:	PHONE NUMBER:	
HEALTH CONCERNS:	<input type="checkbox"/> Hearing _____	
	<input type="checkbox"/> Sight _____	
	<input type="checkbox"/> Allergies _____	
OTHER MEDICAL CONCERNS:		
FAMILY INFORMATION		
FATHER'S NAME:	OCCUPATION:	
FATHER'S EMPLOYER:	WORK TELEPHONE:	
MOTHER'S NAME:	OCCUPATION:	
MOTHER'S EMPLOYER:	WORK TELEPHONE:	
SIBLINGS NAMES (Not enrolled at T.B.C.S.):		
1. _____	BIRTH DATE: _____	4. _____ BIRTH DATE: _____
2. _____	BIRTH DATE: _____	5. _____ BIRTH DATE: _____
3. _____	BIRTH DATE: _____	6. _____ BIRTH DATE: _____
NAME OF CHURCH ATTENDED		
EMERGENCY CONTACT (Not including parent(s))		
1. NAME:	TELEPHONE #:	
SCHOOL(S) PREVIOUSLY ATTENDED (IF APPLICABLE)		
NAME:		
ADDRESS:		
HOBBIES AND OTHER INTERESTS OF STUDENT:		
EMERGENCY CONSENT:		