



Laurentian community network
Réseau communautaire des Laurentides

Social Emotional Learning Registration Form

Participant information

First Name: _____ Last Name: _____

Date of Birth: _____

Languages Spoken: _____

Who is authorized to pick up your child?

Are there any specific pick-up restrictions we should be aware of?

Allergies and/or food restrictions we should be aware of?

Medical conditions or diagnosis relevant to the program you are signing up for or that we should be aware of?

Emergency Contact: _____

Health Card Number: _____

In case of emergency, I authorize 4Korners staff members to take any necessary actions to ensure the health and safety of my child with the following restrictions, if there are any.

I accept: _____

Restrictions: _____

Parent / guardian information

First Name: _____ Last Name: _____

Email: _____

Primary Phone: _____ Alternate Phone: _____

Do you reside in the Laurentians? _____

If so, which municipality do you reside in? _____

Are you a caregiver? _____

Caregivers: Age of Person(s) under care _____