

Student Enrolment Form

Student Last Name	First Name	Middle Name	Date of Birth (DD / MM / YYYY)	M	F
			Sex		
Father / Guardian's Name			Mother / Guardian's Name		
Organization			Organization		
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Home Phone	Work / Cell Phone	Home Phone	Work / Cell Phone		
Email address			Email address		
Street number and name			City, Province, Postal Code		

School Information

School Name	Grade
Street Address	Elementary / Middle / Secondary
City	Province, Postal Code

Medical Information

Hospital/Clinic Preference	
Family Physician's Name	Phone Number
OHIP Number	
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to enroll in this program. I further give consent to photos, video and written testimonials of my child to be used in STREAM Education's promotional material and award recognition. I release STREAM Education, its franchise partner and individuals from liability in case of accident during activities related to performance of science experiments / viewing demonstrations / presentations, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature and Name	Date
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