



**HOME ARAZ ARMENIAN SCHOOL  
REGISTRATION FORM**

**STUDENT**

*First Name:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ *Age:* \_\_\_\_\_

**PARENTS**

Father's Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_

*Postal Code:* \_\_\_\_\_ *Home Phone:* \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**ALERNATE PERSON TO PICK UP CHILD**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

Care Card # \_\_\_\_\_ Allergies \_\_\_\_\_

**Any Medical Conditions** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

**PLEASE ANSWER A FEW QUESTIONS**

Would you give consent to ARAZ to have your child's photo on social media? **YES OR NO**

Please provide which book, number, and level your child has completed?

\_\_\_\_\_ # of Book \_\_\_\_\_

**Parents/ Guardian Signature**

**Date**

\_\_\_\_\_

**Method of payment**

Cash \_\_\_\_\_

Cheque \_\_\_\_\_