



SCHOOL AGE PROGRAM REGISTRATION FORM

K3 - K4 - K5

Student's Full Name _____

Address _____

City _____ Province _____ Postal Code _____ Telephone _____

Requested Date of Admission _____ Grade _____

Birthdate _____ Gender _____ Country of Birth _____

PARENTS OR GUARDIANS

Mother _____ Occupation _____

Email Address _____

Address Same as above _____

Telephone: Home _____ Telephone: Work _____ Telephone: Cell _____

Father _____ Occupation _____

Email Address _____

Address Same as above _____

Telephone: Home _____ Telephone: Work _____ Telephone: Cell _____

Church Attended by Family _____ Church Denomination _____

Pastor _____ Church Phone Number _____

Other children of school age _____

If these children do not attend Ottawa Christian School (OCS), please explain why not.

Parents wishing to participate in morning academic program will be required to fill in a separate application form.
A lunch form must also be completed.

**You must attach a copy of your child's birth certificate
and the completed immunization form with your registration form.
Thank you!**