

24-25 -Cultural Academic Enrichment Program (CAEP)

*Contact:
Brenda Brooks
902 424-7039*

~ Student Registration Form ~

Student Information:

Name: _____ DOB: _____

Home Address: _____ Apt #: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Other: _____

Name of Parent(s)/Guardian(s): _____

Email address for Parent(s)/Guardian(s): _____

Email address for Parent(s)/Guardian(s): _____

School: _____ Teacher: _____

Sex: Female _____ Male _____ Age: _____ Grade: _____

Medical Information: Student Health Card Number: _____

Emergency Contact: _____ Phone #: _____

Is there any medical information that we should be aware of? (i.e. food allergies, medical conditions, etc):

Are there any special requirements that we should know about? (i.e. learning disabilities, ADHD, etc):
If yes, please list and discuss with site coordinator.

Sign-Out Policy:

My child has permission to leave the CAEP site and walk/bike home without adult supervision. I understand that BEA and its staff are not responsible for my child's safety after this time.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Please identify all individuals authorized to pick up your child in the spaces provided below (Name/Relationship to participant).

1. _____ 2. _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Regular attendance is required in order for the program to operate effectively. A below average attendance may result in closing the Cultural Academic Enrichment Program.

Please be advised that the BEA may occasionally take pictures of the CAEP participants for use in promotional materials or publications (brochures, website, newspapers, etc). If you have any concerns, please notify your Regional Educator.