



PARENT REGISTRATION AND CONTACT INFORMATION

In order to keep our records up to date, both new and returning Parents please complete this form. Thank you.

NEW CADET

RETURNING CADET

IS THERE IS ANOTHER SIBLING ENROLLED AT THE SAME TIME

CADET'S FIRST/LAST NAME: _____

SIBLING'S FIRST/LAST NAME (if also cadet): _____

ADDRESS: _____

Street

City

Postal Code

HOME TELEPHONE #: _____

FATHER'S FIRST/LAST NAME: _____

FATHER'S CELL #: _____ EMAIL: _____

MOTHER'S FIRST/LAST NAME: _____

MOTHER'S CELL #: _____ EMAIL: _____

HAVE YOU FAMILIARIZED YOURSELF WITH THE DAILY HEALTH CHECKLIST?

YES

NO

Updated September 2020