Registration Form

PERSONAL INFORMATION
LEGAL NAME OF THE STUDENT DATE OF BIRTH Last Month Day Y E A R GENDER Male Female Middle Name
ADDRESS OF Participant PHONE (Area Code, Number)
Please Check one week or both.
DATE OF APPLICATION:
PARENT INFORMATION
FATHER'S NAME (Last, First, Middle) Please provide full legal name. Phone:
MOTHER'S NAME (Last, First, Middle) Please provide full legal name. Phone:
EMERGENCY CONTACT INFORMATION
Please provide name and contact information for a person, other than your parents, as an emergency contact person.
Name Phone
Relationship
For More Information: Send payment to:98 Henderson St.

For More Information: Phone: 506-778-8309 Fax: 506-773-7918 Email: step@nbnet.nb.ca Send payment to:98 Henderson St. Miramichi,N.B. E1N 2S6