



**Québec Board of Black Educators Inc.**  
**Le Conseil des Édicateurs Noirs du Québec Inc.**

Office Location/ Adresse du Bureau:  
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**BANA SUMMER SCHOOL 2017**

**Registration Form**

Please complete form in BLOCK LETTERS

Name of Student: \_\_\_\_\_ Sex:  F  M  
Family Name First Name

Date of Birth: MM/DD/YY: \_\_\_\_\_ Age: \_\_\_\_\_ Medicare#: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address:

\_\_\_\_\_ Apt.#

\_\_\_\_\_ Postal Code

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian's day number: \_\_\_\_\_

Present-School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Board: \_\_\_\_\_

Presently enrolled in:  French Immersion  
Bilingual  
 English  
 French  
 Welcome Class

Choice of Summer School:  Coronation School  
Children's World Academy

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**In case of emergency (contact person):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone number: \_\_\_\_\_

*Please complete the appropriate section(s) on the reverse side.*

(A) I would like to register my child for the BANA Summer School. The following academic subjects are weak areas in which my child would need special help.

SUBJECT	GRADE LEVEL
1)	
2)	
3)	
4)	

(B) I would like to register my child for enrichment courses only:

Yes       No

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**Medical information (critical to the health and wellbeing of your child)**

Is your child suffering from any allergies? If yes, kindly give details.

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Is there any other medical condition that we should know? If yes, kindly give details.

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Summer School Fees: \_\_\_\_\_ Parent/ Guardian's signature: \_\_\_\_\_

Receipt number: \_\_\_\_\_ Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_