



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

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BANA SUMMER SCHOOL 201_

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.#
Street No. Street

_____ Postal Code
City Province

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

In case of emergency (contact person):

Name: _____ Relation: _____ Phone number: _____

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

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(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

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

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

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

Summer School Fees: _____ Parent/ Guardian's signature: _____

Receipt number: _____ Staff signature: _____

Date: _____

Bana Summer School is a Peanut free environment