

SIPEKNE'KATIK
522 Church Street
Indian Brook, NS
B0N 1W0

Tel: 902.758.2049
Fax: 902.758.2017



Sipekne'katik Student Registration Form

Student Name: _____

Date of Birth (DMY): _____

Band #0250 _____ Shirt Size: _____

Address:

Health Card # _____ Expire: _____ Doctor: _____

Emergency Contact: _____ Phone # _____ Cell# _____

Emergency Contact: _____ Phone # _____ Cell # _____

Medical Conditions: _____

Parent/Guardian _____

Home # _____ Cell # _____ Work # _____

Email: _____

Parent/Guardian _____ Date _____

Signature

*** Be advised that all information provided is confidential.**

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School Supply Form

Please circle which you prefer for your school supplies: Cheque or Direct Deposit

Parent/Guardian or Student of Age: _____

Phone #: _____ Cell #: _____

Email Parent/Guardian: _____

Student Name	Date of Birth	School	Grade
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1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

Signature: _____ Date: _____

For Office Use ONLY

Program Manager: _____

Amount: _____

Cheque #: _____