



Oceanside Building Learning Together

494 Bay Avenue Parksville, BC  
250-947-8252  
[www.oblt.ca](http://www.oblt.ca)

# Annual Information Update Form

**THANK YOU FOR PRINTING CLEARLY**

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

Please fill out shaded areas and update any changed information below.

## CHILD'S INFORMATION

Child's LEGAL LAST name: \_\_\_\_\_

Child's LEGAL FIRST name: \_\_\_\_\_

Child's LEGAL MIDDLE name(s): \_\_\_\_\_

Preferred name (if different than LEGAL name): \_\_\_\_\_

Birth Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Preferred gender: \_\_\_\_\_

Do you see yourself or your child as a person of indigenous ancestry?  YES  NO

Do you consent to receive the occasional email from OBLT such as our annual email?  YES  NO

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_

Property Address (if different from mailing address): \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian #1

First and last name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home/Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian #2

First and last name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home/Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

First and last name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home/cell number: \_\_\_\_\_

## MEDICAL INFORMATION

Health Factors (e.g. allergies): \_\_\_\_\_

Life Threatening?  YES  NO

Other Information: \_\_\_\_\_