



Oceanside Building Learning Together

494 Bay Avenue Parksville BC
www.oblt.ca 250-947-8252

Annual Information Update Form

THANK YOU FOR PRINTING CLEARLY

Date: _____

CHILD'S INFORMATION

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: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____ Home Phone 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: _____

I would like to have the bi-monthly OBLT newsletter emailed to me: Yes No

Email address: _____

EMERGENCY CONTACT INFORMATION

First and last name: _____

Relationship: _____ Home/cell number: _____

MEDICAL INFORMATION

Health Factors (e.g., Allergies): _____

Life Threatening? (Yes No)

Other Information: _____