



## TEEN REGISTRATION FORM

*(Age 13-16 only—no exceptions)*

Please complete and send this form via email to **Women@unifor.org**

### PARENT INFORMATION

Program Name: \_\_\_\_\_ Unifor Local #: \_\_\_\_\_

Parent/Legal Guardian's First and Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### TEEN INFORMATION

Teen's First and Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month / DAY / YEAR

Date: \_\_\_\_\_ Delegate's Signature: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Does your teen have any dietary restrictions?

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Does your teen have any special needs or physical restrictions?

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Additional Information:

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**Please Note:** Only your dependent teen may accompany you to the Paid Education Leave Program. **This *does not* include nieces, nephews, godchildren, grandchildren, friends, etc.**