



## TEEN REGISTRATION FORM

(Age 12-16 only—no exceptions)

Please complete and send this form to **Unifor Family Education Centre, 115 Shipley Avenue, Port Elgin, ON, N0H 2C5**

E-mail: [women@unifor.org](mailto: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?

\_\_\_\_\_

Does your teen have any special needs or physical restrictions?

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**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.**