



**Gujarati School of Language and Culture**  
**General Wolfe School**

661 Banning Street, Winnipeg, Manitoba

**Principal: Jayantibhai Mistry**  
[principal@gcsm.org](mailto:principal@gcsm.org) ph: 885-5134

**REGISTRATION FORM**

Children 3 years and up can register (no cost)

School Times: Every Saturday from 9:30 am to 12:30 pm

Check the Schedule online at: <http://www.gcsm.org/School/info.html>

Family Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**Child(ren)'s Names:**

	First Name	Last Name	Date of Birth (Month & Year Only)	GRADE (Canadian School)
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Bus. / Cell Phone: \_\_\_\_\_

Child(ren)'s Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Person to Contact in case of an Emergency:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Allergies or other important information about the child(ren):**

\_\_\_\_\_  
\_\_\_\_\_

**Precautionary Note:**

Maximum care and precautions will be taken during the school hours. However, in the event of any accident, the school board or parents committee will not be held responsible for any liabilities. In an event of a medical emergency, the child will be escorted to the nearest convenient emergency hospital or the clinic. Parents will be informed as soon as possible.

I \_\_\_\_\_, fully understand the above and agree to abide by it.

\_\_\_\_\_  
Date / Parent / Guardian's Signature

\_\_\_\_\_  
Date / Principal's Signature