



The Yoruba Foundation, Calgary
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Yoruba Language School Enrollment Form

Student's Name	Age	Sex (M/F)	Provincial Health Care #	Speaks Yoruba (Y/N)

Parent/Guardian 1	E-mail	Home #	Work #	Cell #
Address:			Postal Code:	

Parent/Guardian 2	E-mail	Home #	Work #	Cell #
Address:			Postal Code:	

The language class staff is committed to providing a safe and enjoyable time for your child. In order to accomplish this, it is necessary to have as much information as possible about his or her habits, likes and dislikes. Your child needs to attend all classes and be on time. Please phone our staff when your child will not be coming.

Parent/Guardian Name Parent/Guardian Signature Date

Disclaimer
 As required by privacy regulations, the information collected will be retained, used, and disclosed when required only for the purposes for which it was collected. Any further use or disclosure will only be permitted with the consent of the owner.