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Additional Family Members Form

(Please Print)

Client 5			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) [][][][] [][][][]	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) [][][][] [][][][]	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 6			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) [][][][] [][][][]	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) [][][][] [][][][]	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 7			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) [][][][] [][][][]	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) [][][][] [][][][]	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 8			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) [][][][] [][][][]	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) [][][][] [][][][]	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 9			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) [][][][] [][][][]	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) [][][][] [][][][]	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	



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Client 10			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 11			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 12			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 13			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 14			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada <input type="checkbox"/> Same as main registrant (yyyy/mm/dd) □□□□ □□ □□	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	