



TEEN REGISTRATION FORM

(Age 13-18 only—no exceptions)

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

E-mail: pel@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.**