



## DAYCARE REGISTRATION FORM

### Student Record:

Student: \_\_\_\_\_ Regular \_\_\_\_\_ Non-regular \_\_\_\_\_ Pedagogical days \_\_\_\_\_  
\$9.20/day at least 1 day a week      \$18.00/day      \$9.20 + \$6.35 + activity fees

Date of birth (year-month-day): \_\_\_\_\_ Grade Level: \_\_\_\_\_ Pre-K \_\_\_\_\_ K \_\_\_\_\_ 1 \_\_\_\_\_ 2  
 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6

Permanent Code: \_\_\_\_\_ Gender: \_\_\_\_\_

Sibling(s) registered in daycare: \_\_\_\_\_

Shared custody (separated or divorced): Yes \_\_\_\_\_ No \_\_\_\_\_

Main Payer: \_\_\_\_\_ Mother at \_\_\_\_\_ % \_\_\_\_\_ Father at \_\_\_\_\_ % \_\_\_\_\_ Other (specify) \_\_\_\_\_

### Parents' Information:

Parent 1: \_\_\_\_\_ family name & first name      Parent 2 : \_\_\_\_\_ family name & first name

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

Child's residence: \_\_\_\_\_ Yes \_\_\_\_\_ No      Child's residence: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Please note that the taxation form will be issued to the payer only.      Please note that the taxation form will be issued to the payer only.

Social Insurance number: \_\_\_\_\_ Social insurance number: \_\_\_\_\_

I refuse to provide my SIN number : Initials: \_\_\_\_\_ I refuse to provide my SIN number : Initials: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Cellular: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Guardian's Information:

Name: \_\_\_\_\_ Social insurance number: \_\_\_\_\_

Family link: \_\_\_\_\_ Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

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

Email: \_\_\_\_\_

Child's residence: \_\_\_\_\_ Yes \_\_\_\_\_ No      Child's residence: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Authorized person(s) to pick up your child or to contact in case of emergency (different from person indicated above):

Priority	Last & first name	Relationship	Phone number	Telephone 1	Telephone 2	Cellular



## DAYCARE REGISTRATION FORM

### Medical information / Allergies record /Notes:

Name of hospital: \_\_\_\_\_ Doctor's name: \_\_\_\_\_

Doctor/Hospital telephone: \_\_\_\_\_

Description / Allergies:	Shock	Epipen	Medications	Comments

### Basic reservation (daycare attendance):

Beginning date of basic reservation (year-month-day): \_\_\_\_\_

Attendance status: **Regular** \_\_\_\_\_ **At least one day a week including lunch period**  
**Sporadic** \_\_\_\_\_ **Children registered five days a week are not assigned transportation services.**  
**Ped days only** \_\_\_\_\_

Please indicate below, with a check mark, each period where your child will be present.

Period	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before school</b> 06:30 à 07:50	_____	_____	_____	_____	_____
<b>Lunch</b> 11:20 à 12:20	_____	_____	_____	_____	_____
<b>After school</b> 14:35 à 18:00	_____	_____	_____	_____	_____

Students who are registered may only alternate twice a year, as per transportation policy (clause 3.6.1.3)

### Daily rates / Important messages:

Dear parents / Guardians, Welcome Back to Pinewood. I hope all is well and you are keeping safe and healthy!  
 Please complete and sign the daycare registration form, only if you require daycare services before school and /or after school program.  
 If you require more information on daycare services, please contact Marie Karamanoukian at mkaramanoukian@swlauriersb.qc.ca Thank you and have a wonderful day!

I authorize the school daycare to transport my child by school bus or public transport system on pedagogical days.  
 I authorize the school daycare to transport my child by car only in case of emergency. Initial: \_\_\_\_\_

**SPECIAL AUTHORIZATION:**  
 I authorize my child to leave the daycare only with an authorized person listed in this form.  
 I hereby acknowledge that the daycare reserves the right to prevent a person who might be intoxicated to leave the daycare with my child.  
 I authorize the daycare staff to take the necessary measures to attend to my child in case of emergency (sudden illness, accident). Also if necessary, calling a doctor or ensuring transportation to a hospital. Initial: \_\_\_\_\_

I have received and read the rules of operation of the school daycare service and I agree to respect them.  
 I declare that this information is accurate and complete. Initial: \_\_\_\_\_

\_\_\_\_\_  
 Signature of parent authority

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of daycare technician

\_\_\_\_\_  
 Date