



Jules Verne Daycare

2020-2021

Jules Verne Elementary School



COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

DAYCARE REGISTRATION FORM

Student Record:

Student: _____

Regular \$8.50 / day Occasional According to school's Daycare Procedures Pedagogical days \$8.50 + \$8.00 / day + activity fees

Date of birth (year-month-day): _____ Circle Grade Level:

K	1	2	3	4	5	6
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Permanent code: **000000** Gender: _____

Sibling(s) registered in this daycare: _____

Shared custody (separated or divorced): Yes No

Main payer: Mother at ____% Father at ____% Other (specify): _____

Parents' information:

Parent 1 last & first name: _____

Address: _____

Child's residence: Yes No

Please note that the taxation slips will be issued to the payer only.

Social insurance number: _____

SIN number required to issue the RL-24 slip-Childcare expenses
I refuse to provide my SIN number. Initial: _____

Telephone (home): _____

Telephone (work): _____

Cellular: _____

E-mail: _____

Parent 2 last & first name: _____

Address: _____

Child's residence: Yes No

Please note that the taxation slips will be issued to the payer only.

Social insurance number: _____

SIN number required to issue the RL-24 slip-Childcare expenses
I refuse to provide my SIN number. Initial: _____

Telephone (home): _____

Telephone (work): _____

Cellular: _____

E-mail: _____

Guardian's information:

Last & first name: _____

Family link: _____

Address: _____

Child's residence: Yes No

Social insurance number: _____

Telephone (home): _____

Telephone (work): _____

Cellular: _____

E-mail: _____

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 home	Telephone 1	Telephone 2	Cellular



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Medical information / Allergies record / Notes

Name of the hospital : _____ Doctor's name : _____
Hospital telephone : _____

<u>Description / Allergies</u>	<u>Shock</u>	<u>Epipen</u>	<u>Medications</u>	<u>Comments</u>
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Basic reservation (Daycare attendance):

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

Attendance status: Regular Regular: At least two periods per day including lunch and three days a week.
 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
Before school à					
Lunch à					
After school à					

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

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: _____

X _____
Signature of parent authority

Date

Signature of daycare technician

Date