

REGISTRATION FORM

V180328

| 1 INFORMATION ABOUT THE CHILD | | | | | | | | | |
|---|--|---------------------|---------------------------|--|-------------|--|-------------------------|-----------------------|-------------------|
| Last name | | | First name | | | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of birth | | Date of admission |
| Address | | | | City | | Postal Code | | Phone number | |
| Attendance AM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S PM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S | | | | | | Spoken languages <input type="checkbox"/> FR <input type="checkbox"/> EN Other: _____ | | | |
| 2 MEDICAL, HEALTH, AND NUTRITIONAL INFORMATION | | | | | | | | | |
| Medical insurance card | | Expiration date | | Comments about the general health of the child | | | | | |
| Allergies (Medicinal) | | | Allergies (Food) | | | Allergies (Other) | | | |
| Last name (pediatrician) | | | First name (pediatrician) | | | Name of the clinic | | | |
| Address (clinic) | | | City (clinic) | | | Postal code (cli.) | | Phone number (clinic) | |
| 3 IDENTIFICATION OF PARENT 1 | | | | | | | | | |
| Last name | | | First name | | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Payer | | | |
| Address | | | City | | Postal code | | Social insurance number | | |
| Phone number (home) | | Phone number (work) | | Extension | | Phone number (mobile) | | Email address | |
| 4 IDENTIFICATION OF PARENT 2 | | | | | | | | | |
| Last name | | | First name | | | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Payer | | | |
| Address | | | City | | Postal code | | Social insurance number | | |
| Phone number (home) | | Phone number (work) | | Extension | | Phone number (mobile) | | Adresse courriel | |
| 5 AUTHORIZED PERSONS TO PICK UP CHILD (other than the parents) | | | | | | | | | |
| Last name | | | First name | | | Relation to child | | | |
| Address | | | City | | Postal code | | Phone number | | |
| Last name | | | First name | | | Relation to child | | | |
| Address | | | City | | Postal code | | Phone number | | |
| 6 EMERGENCY CONTACT PERSON (other than the parents) | | | | | | | | | |
| Last name | | | First name | | | Relation to child | | | |
| Address | | | City | | Postal code | | Phone number | | |
| 7 AUTHORIZATIONS | | | | | | | | | |
| <input type="checkbox"/> I authorize my child to participate in outings organized by the Daycare, either by wal or by school or municipal bus | | | | | | | | | |
| <input type="checkbox"/> I authorize that the personnel of the Daycare make the necessary arrangements, relating to the health of my child, in case of emergency | | | | | | | | | |
| <input type="checkbox"/> I authorize photography of my child at the Daycare and their use in the pedagogical framework of the Daycare (slideshows, Facebook, etc.) | | | | | | | | | |
| By signing this form you declare that the information provided is accurate and complete and you agree to respect the regulations contained in the internal management document of the Daycare | | | | | | | | | |
| Full name in block letters | | | Parent signature | | | Date | | | |