

REGISTRATION FORM

V180414

1 INFORMATION ABOUT THE CHILD									
First name			Last 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)			
First name (pediatrician)			Last name (pediatrician)			Name of the clinic			
Address (clinic)			City (clinic)			Postal code (cli.)		Phone number (clinic)	
3 IDENTIFICATION OF PARENT 1									
First name			Last 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									
First name			Last 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)									
First name			Last name			Relation to child			
Address			City			Postal code		Phone number	
First name			Last name			Relation to child			
Address			City			Postal code		Phone number	
6 EMERGENCY CONTACT PERSON (other than the parents)									
First name			Last 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			