

# REGISTRATION FORM

V180926

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		
Spoken languages <input type="checkbox"/> FR <input type="checkbox"/> EN Other: _____				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							
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			