REGISTRATION FORM

V190521

1 INFORMATION ABOUT THE CHILD

First name	Last name	Sex ☐ M ☐ F	Date of birth	Date of admission
Address	City	Postal Code	Phone number	
Spoken languages ☐ FR ☐ EN Other: _____	Attendance **AM** ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S **PM** ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S	NIREC (13 numbers)		

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	☐ Mother ☐ Father	☐ 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	☐ Mother ☐ Father	☐ 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

☐ I authorize my child to participate in outings organized by the Daycare, either by wal or by school or municipal bus

☐ I authorize that the personnel of the Daycare make the necessary arrangements, relating to the health of my child, in case of emergency

☐ 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

Signature of parent 1	Date	Signature of parent 2	Date