

REGISTRATION FORM

V230722

1.1 Child info

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	
LANGUAGES (UNDERSTOOD) <input type="checkbox"/> FR <input type="checkbox"/> EN Oth: _____	LANGUAGES (SPOKEN) <input type="checkbox"/> FR <input type="checkbox"/> EN Oth: _____	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	NIREC (13 CHARACTERS)	

1.2 Medical and dietary info

HEALTH CARD NUMBER	EXPIRATION	CHILD HEALTH INFORMATION WHICH REQUIRES SPECIAL ATTENTION		
ALLERGIES (TO DRUGS)	ALLERGIES-INTOLERANCES TO FOODS, OR DIETARY RESTRICTIONS		ALLERGIES (OTHER)	
FIRST NAME (DOCTOR OR NURSE PRACTITIONER)	LAST NAME (DOCTOR OR NURSE PRACTITIONER)		NAME OF THE CLINIC	
ADDRESS (CLINIC)	CITY (CLINIC)	POSTAL CODE (CLINIC)	PHONE NUMBER (CLINIC)	

2.1 Parent (or tutor) 1

FIRST NAME	LAST NAME		RELATION TO CHILD <input type="checkbox"/> Mother <input type="checkbox"/> Father	PAYOR <input type="checkbox"/>
ADDRESS	CITY	POSTAL CODE	SOCIAL INSURANCE NUMBER	
PHONE NUMBER (HOME)	PHONE NUMBER (WORK)	EXTENSION	PHONE NUMBER (MOBILE)	EMAIL ADDRESS

2.2 Parent (or tutor) 2

FIRST NAME	LAST NAME		RELATION TO CHILD <input type="checkbox"/> Mother <input type="checkbox"/> Father	PAYOR <input type="checkbox"/>
ADDRESS	CITY	POSTAL CODE	SOCIAL INSURANCE NUMBER	
PHONE NUMBER (HOME)	PHONE NUMBER (WORK)	EXTENSION	PHONE NUMBER (MOBILE)	EMAIL ADDRESS

3.1 Authorized person to pick up child (other than a person identified in sections 2.1 and 2.2)

FIRST NAME	LAST NAME	RELATION TO CHILD		
ADDRESS	CITY	POSTAL CODE	PHONE NUMBER	

3.2 Authorized person to pick up child (other than a person identified in sections 2.1 and 2.2)

FIRST NAME	LAST NAME	RELATION TO CHILD		
ADDRESS	CITY	POSTAL CODE	PHONE NUMBER	

4.1 Emergency contact person (other than a person identified in sections 2.1 to 3.2)

FIRST NAME	LAST NAME	RELATION TO CHILD		
ADDRESS	CITY	POSTAL CODE	PHONE NUMBER	

5.1 Authorisations

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

Conditions for participation in outings: _____

☐ 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.

6.1 Signatures

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

PARENT OR TUTOR 1

PARENT OR TUTOR 2