



# St. Edmund

## DAYCARE / LUNCH REGISTRATION FORM

2017-2018

I will be paying by online / internet banking

I will be sending in post-dated cheques

### Student Identification

Last Name : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
 First Name : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Permanent Code : \_\_\_\_\_  
 ID Number : \_\_\_\_\_

Please select the service required for 2017-2018 :

- Lunch Program  
 DAYCARE regular user  DAYCARE sporadic user  
 No service required

Please ensure you do the following :

- Verify the information provided on this form.
- Make corrections (if needed) in the space provided.
- Please sign and date this form.
- Please return to the person in charge of the Daycare/Lunch programs.

### Parents Identification

Mother's last and first name : \_\_\_\_\_ Social insurance number (For income tax purposes): \_\_\_\_\_  
 Student's Residence : Yes  No  Contact Priority \_\_\_\_\_  
 1  2   
 Mother's address : \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
**OR:**  I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable).

Father's last and first name : \_\_\_\_\_ Social insurance number (For income tax purposes): \_\_\_\_\_  
 Student's Residence : Yes  No  Contact Priority \_\_\_\_\_  
 1  2   
 Father's address : \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
**OR:**  I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable).

Guardian's last and first name : \_\_\_\_\_ Social insurance number (For income tax purposes): \_\_\_\_\_  
 Student's Residence : Yes  No  Contact Priority \_\_\_\_\_  
 1  2   
 Guardian's address : \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
**OR:**  I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable).

### Person(s) authorized for picking up the child. (For daycare students only)

Last name, first name	Address	Tel. Home	Tel. Work	Cell	Relationship

### Emergency Contact Information (other than parent)

Last name, first name	Address	Tel. Home	Tel. Work	Cell	Relationship

### List family members also registered in DAYCARE or Lunch Program

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### Medical Information

Health insurance number :	Expiration date :	Please complete the following in case the child requires medical attention :			
_____	_____	Doctor's name :	Doctor's phone # :	Name of the hospital :	Hospital telephone :
_____	_____	_____	_____	_____	_____

Description (Allergies)	Shock	Epipen	Medications	Comments
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### Medical Notes

\_\_\_\_\_  
\_\_\_\_\_

### Basic Reservation (Attendance at DAYCARE or Lunch Program)

Start date : 2017-08-30	Estimated time of arrival :	Estimated time of departure :	Will your child be attending Pedagogical Days? Yes <input type="checkbox"/> No <input type="checkbox"/>
If divorced or separated is the child in joint custody?	Yes <input type="checkbox"/>	Does the child's attendance vary per the joint custody? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>- If yes, a calendar must be provided</i>	
	No <input type="checkbox"/>	Do you wish to receive a separate statement of account (father and mother)? The billing will be calculated according to the individuals' need. Yes <input type="checkbox"/> No <input type="checkbox"/>	

**\*\* Important : Please indicate with a check mark all the periods for which your child will be present.**

		Monday	Tuesday	Wednesday	Thursday	Friday
7:00- bell	07:00 à 07:50					
Lunch program	11:50 à 13:00					
Midi-Daycare Only	11:50 à 13:00					
Afterschool	14:25 à 18:00					

### FOR DAYCARE FAMILIES ONLY:

As per School Daycare Services Information Document by the MEE SR, under article 6.6. The daycare parents committee:

Section 18 of the regulation respecting childcare services provided at school specifies that the governing board MAY form a daycare parents committee, for more information, please contact your governing board.

- I have read and understand the rules and regulations relating to the Daycare/Lunch program and agree to comply with them.
- I agree to pay the fees associated with the service selected.
- I declare that all the information provided in this document is true and correct, as of this date. I agree to notify the Technician of any change to my service, in a timely manner.

_____	<input type="checkbox"/> Father	_____
Parent or Legal Guardian's Signature	<input type="checkbox"/> Mother	Date
	<input type="checkbox"/> Other	

**PLEASE NOTE: tax receipts will be issued in the name of the person who pays the fees.**

### This section is reserved for Daycare/Lunch program use.

Teacher's name :	Student's homeroom :	Class :	School number and name :	Confirmation of service :
_____	_____	_____	_____	<input type="checkbox"/> Lunch
				<input type="checkbox"/> Sporadic
				<input type="checkbox"/> Regular
Registration received by :	_____	Date:	_____	