



# Hillcrest Academy Daycare

## 2018-2019

Hillcrest Academy



COMMISSION SCOLAIRE SIR-WILFRID-LAURIER  
SIR WILFRID LAURIER SCHOOL BOARD

### DAYCARE REGISTRATION FORM

#### Student Record:

Student: \_\_\_\_\_

Regular  \$8.35 / day      Occasional  According to school's Daycare Procedures      Pedagogical days  \$8.35 + \$8.00 / day + activity fees

Date of birth (year-month-day): \_\_\_\_\_ Circle Grade Level: 

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| K | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|

Permanent code: **000000**      Gender: \_\_\_\_\_

Sibling(s) registered in this daycare: \_\_\_\_\_

Shared custody (separated or divorced)    Yes     No

Main payer:  Mother at \_\_\_\_%     Father at \_\_\_\_%     Other (specify): \_\_\_\_\_

#### Parents' information:

Father's last & first name: \_\_\_\_\_

Mother's last & first name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Child's residence:    Yes     No

Child's residence:    Yes     No

**Please note that the taxation slips will be issued to the payer only.**

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Social insurance number: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

\*SIN number required to issue the RL-24 slip-Childcare expenses\*  
I refuse to provide my SIN number. Initial: \_\_\_\_\_

\*SIN number required to issue the RL-24 slip-Childcare expenses\*  
I refuse to provide my SIN number. Initial: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Cellular: \_\_\_\_\_

Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Guardian's information:

Last & first name: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

Family link: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Child's residence:    Yes     No

Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Authorized person(s) to pick up your child or to contact in case of emergency (different from person indicated above):

| Priority | Last & first name | Relationship | Phone home | Telephone 1 | Telephone 2 | Cellular |
|----------|-------------------|--------------|------------|-------------|-------------|----------|
|          |                   |              |            |             |             |          |
|          |                   |              |            |             |             |          |
|          |                   |              |            |             |             |          |
|          |                   |              |            |             |             |          |



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### Basic reservation (Daycare attendance):

Beginning date of basic reservation (year - month - day): \_\_\_\_\_

Attendance status: Regular  Regular: At least two periods per day including lunch and three days a week.  
 Sporadic  Children registered five days a week are not assigned transportation services.  
 Ped. days only

Please indicate below, with a check mark, each period where your child will be present.

| Period                            | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------------------------|--------|---------|-----------|----------|--------|
| AM 07:00 à 08:45                  |        |         |           |          |        |
| Daycare Afterschool 15:30 à 18:00 |        |         |           |          |        |

Students who are registered may alternate twice a year, as per transportation policy (clause 3.6.1.3)

I authorize the school daycare to transport my child by school bus or public transport system on pedagogical days.

I authorize the school daycare to transport my child by car only in case of emergency.

Initial: \_\_\_\_\_

#### SPECIAL AUTHORIZATION:

I authorize my child to leave the daycare only with an authorized person listed in this form.

I hereby acknowledge that the daycare reserves the right to prevent a person who might be intoxicated to leave the daycare with my child.

I authorize the daycare staff to take the necessary measures to attend to my child in case of emergency (sudden illness, accident). Also if necessary, calling a doctor or ensuring transportation to a hospital.

Initial: \_\_\_\_\_

I have received and read the rules of operation of the school daycare service and I agree to respect them.

I declare that this information is accurate and complete.

Initial: \_\_\_\_\_

**X** \_\_\_\_\_

Signature of parent authority

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of daycare technician

\_\_\_\_\_

Date