



Hillcrest Academy Daycare

2018-2019

Hillcrest Academy



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

DAYCARE REGISTRATION FORM

Student Record:

Student: _____

Regular \$8.20 / day Occasional According to school's Daycare Procedures Pedagogical days \$8.20 + \$8.00 / day + activity fees

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

K	1	2	3	4	5	6
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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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Medical information / Allergies record / Notes

Health insurance number: _____ Expiration date : _____

Name of the hospital : _____ Doctor's name : _____

Hospital telephone : _____

Description / Allergies	Shock	Epipen	Medications	Comments

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Afterschool 15:30 à 18:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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