



# Hillcrest Academy Daycare

## 2019-2020

Hillcrest Academy



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

### DAYCARE REGISTRATION FORM

#### Student Record:

**Regular Pedagogical**
 **Occasional days**

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

\$8.35 / day According to school's Daycare Procedures  
\$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) No  Yes

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

#### Parents' information:

Parent 1 last & first name: \_\_\_\_\_

Parent 2 last & first name: \_\_\_\_\_

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

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

Yes  No

Yes  No

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

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

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

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

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

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

\*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: \_\_\_\_\_

Child's residence: \_\_\_\_\_  
Child's residence: \_\_\_\_\_

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

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

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

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

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

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

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

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

#### Guardian's information:

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

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

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



# Hillcrest Academy Daycare

2018-2019



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

Hillcrest Academy

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

## DAYCARE REGISTRATION FORM

**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 Ped.  Children registered five days a week are not assigned transportation services.  
 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: _____
<b>SPECIAL AUTHORIZATION:</b>	
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

\_\_\_\_\_

Signature of daycare technician

\_\_\_\_\_

Date

\_\_\_\_\_

Date