



Dorset

DAYCARE / LUNCH REGISTRATION FORM

2021-2022

Student Identification

Last Name :

Date of Birth :

First Name :

Sex :

Permanent Code :

ID Number :

Please select the service required for 2021-2022 :

- Lunch Program
 DAYCARE regular or 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

Parent's last and first name :

Social insurance number (For income tax purposes):

Student's Residence : Yes No

Contact Priority

1 2

Parent's address :

OR : I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable).

Telephone (home)

Telephone (work)

Cell

E-mail

Parent's last and first name :

Social insurance number (For income tax purposes):

Student's Residence : Yes No

Contact Priority

1 2

Parent's address :

OR : I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable).

Telephone (home)

Telephone (work)

Cell

E-mail

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 :

OR : I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable).

Telephone (home)

Telephone (work)

Cell

E-mail

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:

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Medical Information.

Does your child have a health problem requiring special attention? Check one Yes No

Description of Problem	Epipen	Medication	Comments
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____

Medical Notes

Basic Reservation (Attendance at DAYCARE or Lunch Program)

Start date : 2021-08-31	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
Morning 07:00 à 09:05					
Lunch 12:05 à 13:00					
AfterSchool 15:50 à 18:00					

Do you allow your child to leave daycare alone? Yes No
If Yes at what time? _____:_____ Please make sure you have a prior agreement with the Daycare technician

Important Information:

- This contract is effective for the 2021-2022 school year. For any contract changes in your reservation, please fill out the form: **Change in Reservation Request** (available on your school website or ask your Daycare Technician)
- I agree to pay the fees associated with the service selected, please refer to the Rules & Regulation Handbook on your school website.
- I have read, understand, and agree to comply with the rules and regulations relating to the Daycare/Lunch Program on your school website
- I declare that all information provided in this document is true and correct, as of this date.
- Should you require a hard copy, please contact the Daycare Technician.

Father

Mother

Other

Respondant's Signature _____

_____ Date

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.

Confirmation of service :

Teacher's name : _____ Student's homeroom : _____ Class : _____ School number and name : _____

Lunch

Sporadic

Regular

Registration received by : _____

Date: _____