



St. John Fisher Jr.

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 **OR:** I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable).
 Mother's address : _____
 Telephone (home) _____ Telephone (work) _____ Cell _____ E-mail _____

Father's last and first name : _____ Social insurance number (For income tax purposes): _____
 Student's Residence : Yes No Contact Priority _____
 1 2 **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 address : _____
 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 **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 address : _____
 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 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 |
|-------------------------|-------|--------|-------------|----------|

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 |
|---------------------------------|--------|---------|-----------|----------|--------|
| Morning daycare 07:00 à 08:00 | | | | | |
| Lunch Period 11:30 à 12:30 | | | | | |
| Midi-Daycare Only 11:30 à 12:30 | | | | | |
| Afternoon daycare 14:30 à 18:00 | | | | | |

FOR DAYCARE FAMILIES ONLY:

As per School Daycare Services Information Document by the MEEESR, 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: | _____ | |