



St John Fisher Sr.

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
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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)? Yes <input type="checkbox"/> No <input type="checkbox"/> The billing will be calculated according to the individuals' need.	

**** Important : Please indicate with a check mark all the periods for which your child will be present.**

		Monday	Tuesday	Wednesday	Thursday	Friday
Am	07:00 à 08:00					
Lunch	11:20 à 12:20					
Midi-Daycare Only	11:20 à 12:20					
Pm	14:20 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 changes 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 :

- Lunch
 Sporadic
 Regular

Registration received by : _____ Date: _____