



# St John Fisher Sr.

## DAYCARE / LUNCH REGISTRATION FORM

2018-2019

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 2018-2019 :

- 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 : 2018-08-29	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
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					

### Important Information:

- This contract is effective for the 2018-2019 school year. For any contract changes in your reservation, please fill out the form:  **Change in Reservation Request** (available on our school website).
- I agree to pay the fees associated with the service selected, please refer to the Rules & Regulation Handbook on our school website.
- I have read and understand the rules and regulations relating to the Daycare/Lunch Program and agree to comply with them.
- 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.

	<input type="checkbox"/> Father	
	<input type="checkbox"/> Mother	
	<input type="checkbox"/> Other	
Parent or Legal Guardian'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.

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: _____	