

# Good Shepherd Day Care

REGISTRATION 2020-2021

## Instructions

- A.- Verify the information provided in this form. Make corrections (if needed) on the right. New registrants must fill in the column of the right.  
B.- Indicate the name of the school that your child will be attending next September.  
C.- Please sign and date the form.

## Student's file

### Current information

### Modifications

#### Identification

Student :

Joint custody :

Yes

Yes  No  % mother  % father

Date of birth :

Gender :

Rank :

Id. Number :

Permanent code :

Grade:

#### Yearly information

Name of the school that your child will be attending next September :

Main payer :

Authorized to leave alone

Yes

Hour :

Yes

No

Hour :

Permission for field trips :

Yes

Yes

No

Pedagogical day attendance :

Yes

Yes

No

## Contacts

### Parent 2

Parent 2's last and first name :

Adult responsible :

Yes

Yes

No

Parent 2's address :

Address of student :

Yes

Yes

No

Social insurance number :

Telephone (home) :

Telephone (work) :

Cellular :

E-mail :

### Parent 1

Parent 1's last and first name :

Adult responsible :

Yes

Yes

No

Parent 1's address :

Address of student :

Yes

Yes

No

Social insurance number :

Telephone (home) :

Telephone (work) :

Cellular :

E-mail :

## Guardian

Guardian's last and first name :

Adult responsible :

Yes

Yes

No

Guardian's address :

Address of student :

Yes

Yes

No

Social insurance number :

Telephone (home) :

Telephone (work) :

Cellular :

E-Mail :

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## People authorized to pick up the student

Last name, first name and address      Contact      Tel. home      Tel. work1      Tel. work2      Cellular

## Emergency contacts

Last name, first name and address      Contact      Priority      Tel. home      Tel. work1      Tel. work2      Cellular

## Family members registered in daycare

\_\_\_\_\_

\_\_\_\_\_

## Medical information

Name of the hospital : \_\_\_\_\_

Hospital telephone : \_\_\_\_\_

Doctor's name : \_\_\_\_\_

### Medical file

Description      Shock      Epipen      Medications      Comments

## Medical file notes

\_\_\_\_\_

\_\_\_\_\_

## Basic Reservation

Basic reservation starting date : \_\_\_\_\_ ( Year-Month-Day )

Status of attendance : \_\_\_\_\_ ( Regular or Sporadic )

Estimated time of arrival : \_\_\_\_\_ Estimate time of departure : \_\_\_\_\_

\*\*\* Important : Please check off all the periods for which your child will be present.

Periods	Monday	Tuesday	Wednesday	Thursday	Friday
BEFORE CLASSES 07:00 à 07:50					
LUNCH 11:25 à 12:15					
AFTER SCHOOL 14:35 à 18:00					

- The daily rate is determined by the MÉES and is subject to change.

- I have read and understand the daycare rules and regulations and agree to comply with them.  
- I declare that all the information provided in this document is true and correct, as of this date.  
- If my child needs emergency medical treatment, I authorize the daycare personnel to take whatever measures are necessary (transportation to a hospital emergency room, calling a doctor, etc.)

"I, the undersigned, refuse to give my social insurance number, mandatory information according to the Provincial tax law, as requested by the School Board."

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Parent's signature (responsible of the child)

\_\_\_\_\_  
Date

\*\*\* Notice : Slip 24 of Federal tax slip will be issued to the actual payer.