

St-Johns Daycare

École St-Johns School
REGISTRATION FILE
2020-2021

Instructions

- A.- 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 :

Shared custody :

Yes No % mother % father

Date of birth :

Gender :

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

Yes

No

Hour :

Permission for field trips :

Yes

No

Pedagogical day attendance :

Yes

No

Contacts

Parent 2

Parent 2's last and first name :

Adult responsible :

Yes

No

Parent 2's address :

Address of student :

Yes

No

Social insurance number :

Telephone (home) :

Telephone (work) :

Cellular :

E-mail :

Parent 1

Parent 1's last and first name :

Adult responsible :

Yes

No

Parent 1's address :

Address of student :

Yes

No

Social insurance number :

Telephone (home) :

Telephone (work) :

Cellular :

E-mail :

Guardian

Guardian's last and first name :

Adult responsible :

Yes

No

Guardian's address :

Address of student :

Yes

No

Social insurance number :

Telephone (home) :

Telephone (work) :

Cellular :

E-Mail :

St-Johns Daycare

École St-Johns School
REGISTRATION FILE
2020-2021

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 : _____ Estimated 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 - Morning period					
Lunch period					
After classes - Afternoon period					

- The daily rate is determined by the Ministry 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

Parent's signature (responsible of the child)

Date

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