

Student Identification

Last name:	First name:
Date of birth:	School Grade in 2022-2023:

Information of parent #1

Last Name:	First Name:	Address of the student: <input type="checkbox"/>
Address:	Town:	C.P.:
Telephone home:	Telephone work:	Cellular:
E-mail:	Social Insurance Number (for the Income Tax Receipts)	

Information of parent #2

Last name:	First name:	Address of the student: <input type="checkbox"/>
Address:	Town:	P.C:
Telephone home:	Telephone work:	Cellular:
E-mail address:	Social Insurance Number (for Income Tax Receipts)	

All Daycare information will be sent by e-mail. E-mail must be send to ?

Parent #1 Parent #2 Both parents

People authorized to pick up the student in case of emergency.

In case of emergency, if it is impossible to reach the parents, please indicate two people to be contacted. These people are also authorized to pick up your child at all times.

Name and first Name: _____ Relation with the child: _____ Telephone: _____

Name and first Name: _____ Relation with the child: _____ Telephone: _____

Other people authorized to pick up your child at all times:

Name and first Name: _____ Relation with the child: _____ Telephone: _____

Name and first Name: _____ Relation with the child: _____ Telephone: _____

Complete the verso

Medical information

Specific medical conditions: (allergy, medication, diabet, etc.) Yes No

If yes, please give us the following informations: What: _____

Family doctor's name: _____ Telephone : _____

Medical center: _____ Address: _____

Basic Reservation

Basic reservation starting date: First day of school year Other: ____ / ____ / ____
DD MM YY

Student status of attendance:

Regular (minimum 2 periods per day, minimum 3 days per week, cost per day)

Sporadic (student that doesn't have a regular status, but come to Daycare on specific days, every week. cost per period upon reservation, or on call)

Please, check off all the periods for which your child will be present (You paythe reserved days)

Periods	Hours	Monday	Tuesday	Wednesday	Thursday	Friday
Matin SONDAGE/ Morning SURVEY	07:25 à 07:55					
Midi au s.g./ Lunch in Daycare	11:30 à 12:30					
Maternelle/Kindergarten	14:00 à 14:58					
Fin de journée / End of day	14:58 à 17:30					

Joint Custody Details

Joint custody Yes No

Should be separated? Yes No

If yes: Joint custody calendar (complete a custody calendar) or Percentage (father: % Mother %)

Additional information of joint custody:

Signature

I declare that all the information provided in this document is true and correct, as of this date. The Daycare staff wants to provide a quality service to your child.

It is necessary for us to have all these informations. It is your responsibility to inform us of any changes during the School year.

If my child needs emergency medical treatment, I authorize the Daycare staff to take whatever measures are necessary (transportation to a hospital emergency room, calling a doctor, etc.) If it occurs, all expenses will be under my charge.

I have read and understand the Daycare rules and regulations and agree to comply with them. The Rules and Regulations document is available on the CSSVDC Sutton School website.

Name parent:

Signature:

Date: