WESTERN QUEBEC SCHOOL BOARD
DAYCARE REGISTRATION FOR 2018-2019
Confirmation of Student Information
Eardley Daycare

STUDENT IDENTIFICATION

STUDENT'S FAMILY NAME ________ STUDENT'S FIRST NAME ________ DATE OF BIRTH ________ SEX ________

PERMANENT CODE ________ I.D. No. ________ STUDENT'S HOME PHONE ________

ADDRESS STUDENT ________

ADULT RESPONSIBLE: FATHER ☐ MOTHER ☐ GUARDIAN ☐ IF APPLICABLE PLEASE INDICATE JOINT CUSTODY ☐

☐ AUT.P/U FATHER'S NAME ________ ☐ AUT.P/U MOTHER'S NAME ________ ☐ AUT.P/U GUARDIAN'S NAME ________

FATHER HOME PHONE ________ FATHER WORK ________ FATHER CELL/PAGER ________ ADDRESS FATHER ________

MOTHER HOME PHONE ________ MOTHER WORK ________ MOTHER CELL/PAGER ________ ADDRESS MOTHER ________

GUARDIAN HOME PHONE ________ GUARDIAN WORK ________ GUARDIAN CELL/PAGER ________ ADDRESS GUARDIAN ________

EMERGENCY CONTACT INFORMATION

Emergency contacts listed below will be called in the order listed. Please indicate whether the emergency contact is authorized to pick up your child by check marking the box provided.

☐ AUT.P/U EMERGENCY CONTACT #1 NAME ________ EMERG. CONTACT #1 (HOME) ________ EMERG.CONTACT #1 (WORK) ________ EMERGENCY CONTACT #1 ADDRESS ________

☐ AUT.P/U EMERGENCY CONTACT #2 NAME ________ EMERG. CONTACT #2 (HOME) ________ EMERG.CONTACT #2 (WORK) ________ EMERGENCY CONTACT #2 ADDRESS ________

DAYCARE ATTENDANCE

* PLEASE INDICATE THE DAYS AND TIMES THAT THE STUDENT WILL ATTEND THE DAYCARE

	M	T	W	T	F
AM	☐	☐	☐	☐	☐
LUNCH	☐	☐	☐	☐	☐
PM	☐	☐	☐	☐	☐

REGULAR ☐

SPORADIC ☐

*(Please see below)

MEDICAL INFORMATION

MEDICAL CARD NUMBER ________

EXPIRATION DATE ________

ALLERGIES: NO ☐ YES ☐ (PLEASE SPECIFY) ________

DOES HE/SHE HAVE AN EPIPEN? NO ☐ YES ☐

ASTHMA: NO ☐ YES ☐ INHALER AT SCHOOL? NO ☐ YES ☐

DIABETES: NO ☐ YES ☐ EPILEPSY: NO ☐ YES ☐

DOES HE/SHE TAKE ANY MEDICATION? ________

FOR INCOME TAX PURPOSES, PLEASE PROVIDE US WITH THE SOCIAL INSURANCE NUMBER OF THE PARENT/GUARDIAN WHO WILL BE CLAIMING THE DAYCARE EXPENSES.

	Name	SIN
Father:	________	________
Mother:	________	________
Guardian:	________	________

________ MAIN PAYER

For Official tax receipt purposes

STUDENT'S START DATE AT DAYCARE: ________

PARENT/GUARDIAN'S SIGNATURE: ________ **DATE:** ________

* 3 or more days per week on a regular basis
Maximum charge is $8.20/day for 5 hours or less per day

* Professional Development
Day charge is $16.40/day for 10 hours or less per day

Rates subject to the rules and regulations governed by MEES