



# WESTERN QUEBEC SCHOOL BOARD DAYCARE REGISTRATION FOR 2023-2024

## 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. \_\_\_\_\_

### MEDICAL INFORMATION

MEDICAL CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ALLERGIES: NO  YES  (PLEASE SPECIFY): \_\_\_\_\_ DO THEY HAVE AN EPIPEN? NO  YES

ASTHMA: NO  YES  INHALER AT SCHOOL? NO  YES  DIABETES: NO  YES  EPILEPSY: NO  YES

ANY MEDICATION TAKEN DAILY \_\_\_\_\_

### ADULT INFORMATION

ADULT RESPONSIBLE FOR CHILD:  Parent(1)  Parent (2)  Guardian

AUT.P/U \_\_\_\_\_ PARENT NAME (1)  AUT.P/U \_\_\_\_\_ PARENT NAME (2)  AUT.P/U \_\_\_\_\_ GUARDIAN'S NAME

PARENT (1) CELL PHONE \_\_\_\_\_ PARENT (1) WORK \_\_\_\_\_ EMAIL \_\_\_\_\_ ADDRESS PARENT (1) \_\_\_\_\_

PARENT (2) CELL PHONE \_\_\_\_\_ PARENT (2) WORK \_\_\_\_\_ EMAIL \_\_\_\_\_ ADDRESS PARENT (2) \_\_\_\_\_

GUARDIAN CELL PHONE \_\_\_\_\_ GUARDIAN WORK \_\_\_\_\_ EMAIL \_\_\_\_\_ ADDRESS GUARDIAN \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

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 \_\_\_\_\_ EMERG.CONTACT #1 (WORK) \_\_\_\_\_ EMERGENCY CONTACT #1 ADDRESS \_\_\_\_\_

AUT.P/U \_\_\_\_\_ EMERGENCY CONTACT #2 NAME \_\_\_\_\_ EMERG. CONTACT #2 \_\_\_\_\_ 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)

### NOTES REGARDING ATTENDANCE

Weeks of attendance - Custody arrangements - Dates with Mother -  
Dates with Father - Other notes

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

Name

SIN

Main Payer

IF APPLICABLE PLEASE  
INDICATE JOINT CUSTODY

Parent (1): \_\_\_\_\_

Parent (2): \_\_\_\_\_

Guardian: \_\_\_\_\_

Calendar or Percentage

STUDENT'S START DATE AT DAYCARE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* Regular Registration (1 day / 2 days / 3-5 days) per week  
Maximum Regular charge is \$8.95 / day  
Drop-in rates based on attendance and availability

\* Professional Development  
Day charge is \$14.60 / day for 10 hours or less per day

Rates subject to change as per rules and regulations governed by MEES