



WESTERN QUEBEC SCHOOL BOARD DAYCARE REGISTRATION FOR 2024-2025

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUNCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	<u>Name</u>	<u>SIN</u>	Main Payer	IF APPLICABLE PLEASE INDICATE JOINT CUSTODY
Parent (1):	_____	_____	<input type="checkbox"/>	
Parent (2):	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Guardian:	_____	_____	<input type="checkbox"/>	_____
				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 \$9.20 / 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