Ste-Adèle Elementary School Daycare

2026-2027

Ste-Adèle Elementary School

COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

DAYCARE REGISTRATION FORM

Student Record:

Student: _____

Regular ☐ $10.00 / day

Non-regular ☐ According to school's Daycare Procedures

Pedagogical days ☐ $10.00 + 6.50 / day + activity fees

Date of birth (year-month-day): _____ Circle Grade Level: | Pre-K | K | 1 | 2 | 3 | 4 | 5 | 6 |

Permanent code: 000000 Gender: _____

Sibling(s) registered in this daycare: _____

Shared custody (separated or divorced): Yes ☐ No ☐

Main payer: ☐ Mother at ____% ☐ Father at ____% ☐ Other (specify): _____

Parents' information:

Parent 1 last & first name: _____

Address: _____

_____

Child's residence: Yes ☐ No ☐

Please note that the taxation slips will be issued to the payer only.

Social insurance number: _____

SIN number required to issue the RL-24 slip-Childcare expenses
I refuse to provide my SIN number. Initial: _____

Telephone (home): _____

Telephone (work): _____

Cellular: _____

E-mail: _____

Parent 2 last & first name: _____

Address: _____

_____

Child's residence: Yes ☐ No ☐

Please note that the taxation slips will be issued to the payer only.

Social insurance number: _____

SIN number required to issue the RL-24 slip-Childcare expenses
I refuse to provide my SIN number. Initial: _____

Telephone (home): _____

Telehone (work): _____

Cellular: _____

E-mail: _____

Guardian's information:

Last & first name: _____

Family link: _____

Address: _____

_____

Child's residence: Yes ☐ No ☐

Social insurance number: _____

Telephone (home): _____

Telephone (work): _____

Cellular: _____

E-mail: _____

Authorized person(s) to pick up your child or to contact in case of emergency (different from person indicated above):

Priority	Last & first name	Relationship	Phone home	Telephone 1	Telephone 2	Cellular

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Medical information / Allergies record / Notes

Name of the hospital : _____ Doctor's name : _____

Hospital telephone : _____

Description / Allergies	Shock	Epipen	Medications	Comments

Basic reservation (Daycare attendance):

Beginning date of basic reservation (year - month - day): _____

Attendance status:

- **Regular** ☐
- **Non-regular** ☐
- **Ped. days only** ☐

Regular: At least one day per week and at least 2 periods per day including lunch. Children registered five days a week are not assigned transportation services.

Please indicate below, with a check mark, each period where your child will be present.

Period		Monday	Tuesday	Wednesday	Thursday	Friday
Before school	07:00 à 08:15					
Lunch	11:50 à 12:50					
After school	15:10 à 18:00					

Students who are registered may only alternate twice a year, as per transportation policy (clause 3.6.1.3)

Daily rates / Important messages:

I authorize the school daycare to transport my child by school bus or public transport system on pedagogical days.
I authorize the school daycare to transport my child by car only in case of emergency. Initial: _____

SPECIAL AUTHORIZATION:
I authorize my child to leave the daycare only with an authorized person listed in this form.
I hereby acknowledge that the daycare reserves the right to prevent a person who might be intoxicated to leave the daycare with my child.
I authorize the daycare staff to take the necessary measures to attend to my child in case of emergency (sudden illness, accident). Also if necessary, calling a doctor or ensuring transportation to a hospital. Initial: _____

I have received and read the rules of operation of the school daycare service and I agree to respect them.
I declare that this information is accurate and complete. Initial: _____

X _____ _____
Signature of parent authority Date

_____ _____
Signature of daycare technician Date