

Garderie Educative  
**Sur L'isle**

---

**registration Form**

**Date of inscription(DD/MM/YY):** \_\_\_\_\_

**A: Child**

1. First name: \_\_\_\_\_ M.I. \_\_\_\_\_ 2. Last name: \_\_\_\_\_  
3. Sex: M ( ) F ( ) 4. Date of birthday (DD/MM/YY): \_\_\_\_\_  
5. Language spoken: French ( ) English ( ) Other \_\_\_\_\_  
6. Language understood: French ( ) English ( ) Other \_\_\_\_\_  
7. Number of medical card \_\_\_\_\_ Expiate Date \_\_\_\_\_  
8. Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
9. Date of enter daycare (DD/MM/YY): \_\_\_\_\_

**B: Health of child**

1. Name of pediatrician: \_\_\_\_\_ 2. Telephone: ( ) \_\_\_\_\_  
3. Allergies: \_\_\_\_\_  
4. List the medicine that your child need? \_\_\_\_\_  
5. Is your child already hospitale or subit an operation? Yes ( ) No ( )  
If yes, details, \_\_\_\_\_  
6. Is your child take some medicines regular? Yes ( ) No ( )  
If yes, details, \_\_\_\_\_  
7. Is your child often sick because of one or more illness following?  
Scarlatina \_\_\_\_\_ Measles \_\_\_\_\_ Meningitis \_\_\_\_\_ Encephalitis \_\_\_\_\_  
Bronchitis \_\_\_\_\_ Varicella \_\_\_\_\_ Cold and flu \_\_\_\_\_  
Other \_\_\_\_\_

8. Repas:

	<b>Beef</b>	<b>Chicken</b>	<b>Fish</b>	<b>Yogurt</b>		
<b>Yes</b>						
<b>No</b>						

**C. Parent or tutor**

1. Name of father: \_\_\_\_\_ Name of mother: \_\_\_\_\_
2. Address: \_\_\_\_\_ Address: \_\_\_\_\_
3. Post Code: \_\_\_\_\_ Post Code: \_\_\_\_\_
4. Occupation: \_\_\_\_\_ Occupation \_\_\_\_\_
5. Employer \_\_\_\_\_ Employer \_\_\_\_\_
6. Address of work: \_\_\_\_\_ Address of work: \_\_\_\_\_
- \_\_\_\_\_
7. Home telephone \_\_\_\_\_ Home telephone \_\_\_\_\_
8. Work telephone \_\_\_\_\_ Work telephone \_\_\_\_\_
9. Cell \_\_\_\_\_ Cell \_\_\_\_\_
10. E-mail. \_\_\_\_\_ E-mail. \_\_\_\_\_
11. Status: Married  Single  Divorced  Status: Married  Single  Divorced   
 Separate  Veuf  Autres \_\_\_\_\_ Separate  Veuf  Autres \_\_\_\_\_
12. Who is legal guard of the child? 2 parents  Father  Mother  Other \_\_\_\_\_

**D. Receive of tax return**

First name: \_\_\_\_\_ M.L \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ Post Code: \_\_\_\_\_

S.I.N \_\_\_\_\_ ( This information is obligation to fill in form of tax return)

**E. Emergency Contact**

- 1.Contact person 1: Mother  Father  Tutor
2. Contact person 2: Mother  Father  Tutor

3. Contact person 3:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship of the child: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code \_\_\_\_\_

4. Contact person 4:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
Relationship of the child: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code \_\_\_\_\_

5. Other information for our daycare \_\_\_\_\_

**F. Person Who comes to pick up the child besides the parents** (Must more than 16 years old)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship of the child: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
Relationship of the child: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_  
Relationship of the child: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code \_\_\_\_\_

**G. End of contract**

If the child can't continue to present the daycare because of some reasons, two weeks before to announce the daycare in written.

**H. Declare and Permission**

To comply with Article 17 of Regulation Services day care centers, no medication will be administered to a child

without it being accompanied by a prescription and without the written permission of the parent. In the case of a prescribed medication, the information should be entered by the pharmacist on the label identifying the medication clearance in the first paragraph.

1. I authorize the daycare to include my child in all outdoor activities such as walks around the block, playing in the park nearby, visit the library, police station, fire station, swimming pool or other place of interest.

**Signature of parent:** \_\_\_\_\_

2. I authorize the center to take all necessary action in emergencies to protect health and ensure the safety of my child.

**Signature of parent:** \_\_\_\_\_

3. I authorize the center to apply sunscreen without paba to my child before each trip outside.

**Signature of parent:** \_\_\_\_\_

Sunscreen offered by : Parent (     )     Daycare centre \$5 for each summer (     )

4. I authorize the center to apply the cream Zing for the rash needed.

**Signature of parent:** \_\_\_\_\_

Cream Zing offered by : Parent (     )     Daycare centre \$5 (     )

5. I authorize the center to take the necessary in emergency to safeguard the health and safety of my child.

**Signature of parent:** \_\_\_\_\_

6. I authorize the center to take pictures and video of my child.

**Signature of parent:** \_\_\_\_\_

**This form is completed and I must immediately notify the daycare of any change in the information content of this form.**

**Signature:**

Signature of parent: \_\_\_\_\_ Date \_\_\_\_\_

Signature of director: \_\_\_\_\_ Date \_\_\_\_\_