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**DAYCARE REGISTRATION FORM
Morin Heights Elementary School
2015-2016**

Student's Family Name: _____	Given Name: _____
Date of Birth: _____ (dd/mm/yy)	Grade level for 2015-16: _____
Address: _____	
Telephone Number (Residence): _____	

Mother's Family Name (or Guardian): _____ **Given Name:** _____

Address: Same as above [] **or** _____

Telephone Number (Residence): _____ Work: _____

Cell Number: _____ E-mail address: _____

Father's Name (or Guardian): _____ **Given Name:** _____

Address: Same as above [] **or** _____

Telephone Number (Residence): _____ Work: _____

Cell Number: _____ E-mail address: _____

Joint Custody: Yes [] No [] N/A (Both parents live together) []

Person(s), other than Parents or Guardians, authorized to pick-up the child:

#1 Family Name: _____ Given Name: _____

Telephone Number (Residence): _____ Work: _____

Cell Number: _____ Relation to the Family: _____

#2 Family Name: _____ Given Name: _____

Telephone Number (Residence): _____ Work: _____

Cell Number: _____ Relation to the Family: _____

#3 Family Name: _____ Given Name: _____

Telephone Number (Residence): _____ Work: _____

Cell Number: _____ Relation to the Family: _____

#4 Family Name: _____ Given Name: _____

Telephone Number (Residence): _____ Work: _____

Cell Number: _____ Relation to the Family: _____

#5 Family Name: _____ Given Name: _____

Telephone Number (Residence): _____ Work: _____

Cell Number: _____ Relation to the Family: _____

(If you have additional names, please list on a separate sheet and attach it to the child's form)

Medical Information

Does your child suffer from allergies? Yes [] No [] Specify: _____

Does your child have any other medical condition or special needs? Yes [] No []

Specify: _____

Does your child take medications on a regular basis? Yes [] No []

Specify: _____

Attendance

Starting date: First day of school (**August 31, 2015**) [] or _____

Regular [] 3 days or more per week **Occasional** []

Periods of attendance planned per week (**Please indicate**):

Monday			Tuesday			Wednesday			Thursday			Friday		
AM	Lunch	PM	AM	Lunch	PM	AM	Lunch	PM	AM	Lunch	PM	AM	Lunch	PM
	✓			✓			✓			✓			✓	

It is School Board policy that all children registered full-time (3 or more days per week) in daycare must have set days of the week that their child(ren) will attend daycare. This is to ensure their safety.

Parents' Financial Contribution

As determined by the budgetary rules for school boards, the financial contribution of parents for daycare services for a child who attends school daycare on a regular basis must not exceed \$8.00 per day. On school days, this contribution generally covers a maximum of five hours of daycare. The contribution is subject to revision, based on the budgetary rules promulgated by the *Ministere de l'Éducation, du Loisir et du Sport* (MELS) for the school year in question.

Income Tax Receipts

Income tax receipts will be issued in February 2016 and will be issued to **one parent only**:

Name to show on receipt: _____ Social insurance number: _____

The daycare charges a once a school year, non-refundable administration fee of \$15 per child and \$5 for every additional child in a family. Please attach a check payable to **SIR WILFRID LAURIER SCHOOL BOARD**. Your child will not be considered enrolled unless the administration fee is paid and they will not be allowed to attend daycare.

I have read the daycare services brochure that is posted on the school website. I will follow all policies. My daycare fees are to be paid every month in full. If this is not followed my daycare privileges will be revoked until balances are paid.

I give my child permission to leave the school premises for special activities and/or PED day activities.

I declare that all the information provided in this document is accurate, as of this date. If my child needs emergency medical treatment, I authorize the daycare personnel to take whatever measures necessary (transportation to a hospital, calling a doctor, etc.)

Parental/Guardian signature

Date