

Genesis Daycare 2023-2024



Genesis Elementary School

DAYCARE REGISTRATION FORM

Student Record:						
Student:	Regular Non-regular Pedagogical days \$8.95 / day According to school's Daycare Procedures \$8.95 + 6.35 / 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:	Parent 2 last & first name:					
Address:	Address:					
Child's residence: Yes No	Child's residence: Yes No					
Child's residence: Yes No Please note that the taxation slips will be issued to the payer only.	Please note that the taxation slips will be issued to the payer only.					
Social insurance number:	Social insurance number:					
SIN number required to issue the RL-24 slip-Childcare expenses I refuse to provide my SIN number. Initial:	*SIN number required to issue the RL-24 slip-Childcare expenses* I refuse to provide my SIN number. Initial:					
Telephone (home):	Telephone (home):					
Telephone (work):	Telehone (work):					
Cellular:	Cellular:					
E-mail:	E-mail:					
Guardian's information:						
Last & first name:	Social insurance number:					
	Telephone (home):					
Family link:	Telephone (work):					
Address:	Cellular:					
Child's residence: Yes No	E-mail:					
Authorized person(s) to pick up your child or	r to contact in case of emergency					
(different from person indicated above):	,					
Priority Last & first name Relationship P	hone home Telephone 1 Telephone 2 Cellular					



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lame of the hospital : lospital telephone :								
Description / Allergies			Shock E	Shock Epipen Medications		<u>(</u>	<u>Comments</u>	
Basic reservatio	n (Daycare at	tendan	ce):					
Beginning date of	basic reservatio	n (year -	month - o	day):				
Attendance status:	Regular Non-regular Ped. days only						ds per day including lunch. transportation services.	
Please indicate	below, with a	a check	mark, e	each perio	d where	your ch	ild will be present. ¬Students who are registered may only a	
Period		Monday	Tuesday	Wednesday	Thursday	Friday	twice a year, as per transportation polic (clause 3.6.1.3)	
Before school	07:00 à 09:05							
Lunch	12:30 à 13:30						_	
After school	15:50 à 18:00							
authorize the school day					system on ped	agogical day	s. Initial:	
SPECIAL AUTHORIZAT I authorize my child to lea I hereby acknowledge tha I authorize the daycare st accident). Also if necessa	ave the daycare only vat the daycare reserventated to take the necess	es the right tary measur	to prevent a res to attend	person who mig to my child in c	ht be intoxicat		he daycare with my child. illness, Initial:	
have received and read declare that this informa			ool daycare s	service and I agi	ree to respect	them.	Initial:	
x	Signature of paren	t authority				Date	_	
	ignature of daycare	technicia	n 🗆			 Date		