



# Genesis Daycare

## 2021-2022

Genesis Elementary School



### DAYCARE REGISTRATION FORM

#### Student Record:

Student: \_\_\_\_\_

Regular  \$8.50 / day      Occasional  According to school's Daycare Procedures      Pedagogical days  \$8.50 + \$8.00 / day + activity fees

Date of birth (year-month-day): \_\_\_\_\_ Circle Grade Level: 

Pre-K	K	1	2	3	4	5	6
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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): \_\_\_\_\_

Telephone (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

