



# Hillcrest Academy Daycare

## 2023-2024

Hillcrest Academy



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

### DAYCARE REGISTRATION FORM

#### Student Record:

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

Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 6.35 / 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



**DAYCARE REGISTRATION FORM**

**Medical information / Allergies record / Notes**

Name of the hospital : \_\_\_\_\_  
Hospital telephone : \_\_\_\_\_

Doctor's name : \_\_\_\_\_

Description / Allergies Shock Epipen Medications Comments

**Basic reservation (Daycare attendance):**

**Beginning date of basic reservation (year - month - day):** \_\_\_\_\_

- Attendance status:**
- Regular  **Regular: At least one day per week and at least 2 periods per day including lunch.**
  - Non-regular  **Children registered five days a week are not assigned transportation services.**
  - Ped. days only

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

Period	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before school</b> 07:00 à 08:45					
<b>Lunch</b> 12:25 à 13:20					
<b>After school</b> 15:40 à 18:00					

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

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



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## 2023-2024

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

### DAYCARE REGISTRATION FORM

#### Student Record:

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

Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 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: \_\_\_\_\_

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: \_\_\_\_\_

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

### DAYCARE REGISTRATION FORM

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

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 08:45					
Lunch 12:25 à 13:20					
After school 15:40 à 18:00					

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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: \_\_\_\_\_

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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



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SIR WILFRID LAURIER SCHOOL BOARD

### DAYCARE REGISTRATION FORM

#### Student Record:

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

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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



# Hillcrest Academy Daycare

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Hillcrest Academy



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

## DAYCARE REGISTRATION FORM

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

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 08:45					
Lunch	12:25 à 13:20					
After school	15:40 à 18:00					

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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:**  
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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



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### DAYCARE REGISTRATION FORM

#### Student Record:

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

Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 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

**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: \_\_\_\_\_

Telephone (home): \_\_\_\_\_    Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_    Telephone (work): \_\_\_\_\_

Cellular: \_\_\_\_\_    Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_    E-mail: \_\_\_\_\_

#### Guardian's information:

Last & first name: \_\_\_\_\_    Social insurance number: \_\_\_\_\_

Family link: \_\_\_\_\_    Telephone (home): \_\_\_\_\_

Address: \_\_\_\_\_    Telephone (work): \_\_\_\_\_

Child's residence: Yes  No     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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COMMISSION SCOLAIRE SIR-WILFRID-LAURIER  
SIR WILFRID LAURIER SCHOOL BOARD

## DAYCARE REGISTRATION FORM

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

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 08:45					
Lunch	12:25 à 13:20					
After school	15:40 à 18:00					

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

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





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### DAYCARE REGISTRATION FORM

#### Student Record:

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

Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 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: \_\_\_\_\_

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



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2023-2024

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

DAYCARE REGISTRATION FORM

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

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

Table with 6 columns (Period, Monday, Tuesday, Wednesday, Thursday, Friday) and 3 rows (Before school, Lunch, After school) with time slots.

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

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



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## 2023-2024

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

### DAYCARE REGISTRATION FORM

#### Student Record:

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Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 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: \_\_\_\_\_

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

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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): \_\_\_\_\_

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COMMISSION SCOLAIRE SIR-WILFRID-LAURIER  
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## DAYCARE REGISTRATION FORM

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Description / Allergies	Shock	Epipen	Medications	Comments

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

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I declare that this information is accurate and complete. Initial: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of parent authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of daycare technician

\_\_\_\_\_  
Date



# Hillcrest Academy Daycare

## 2023-2024

Hillcrest Academy



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

### DAYCARE REGISTRATION FORM

#### Student Record:

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Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 6.35 / day + activity fees

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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



# Hillcrest Academy Daycare

## 2023-2024

Hillcrest Academy



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

### DAYCARE REGISTRATION FORM

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

**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 08:45					
Lunch 12:25 à 13:20					
After school 15:40 à 18:00					

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

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



# Hillcrest Academy Daycare

## 2023-2024

Hillcrest Academy



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

### DAYCARE REGISTRATION FORM

#### Student Record:

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

Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 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: \_\_\_\_\_

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



# Hillcrest Academy Daycare

2023-2024

Hillcrest Academy



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

## DAYCARE REGISTRATION FORM

### 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  **Regular: At least one day per week and at least 2 periods per day including lunch.**  
 Non-regular  **Children registered five days a week are not assigned transportation services.**  
 Ped. days only

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

Period	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before school</b> 07:00 à 08:45					
<b>Lunch</b> 12:25 à 13:20					
<b>After school</b> 15:40 à 18:00					

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

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





# Hillcrest Academy Daycare

## 2023-2024

Hillcrest Academy



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

### DAYCARE REGISTRATION FORM

#### Student Record:

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

Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 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

**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: \_\_\_\_\_

Telephone (home): \_\_\_\_\_    Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_    Telephone (work): \_\_\_\_\_

Cellular: \_\_\_\_\_    Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_    E-mail: \_\_\_\_\_

#### Guardian's information:

Last & first name: \_\_\_\_\_    Social insurance number: \_\_\_\_\_

Family link: \_\_\_\_\_    Telephone (home): \_\_\_\_\_

Address: \_\_\_\_\_    Telephone (work): \_\_\_\_\_

Child's residence: Yes  No     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



Hillcrest Academy Daycare

2023-2024

Hillcrest Academy



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

**DAYCARE REGISTRATION FORM**

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

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

Table with 6 columns: Period, Monday, Tuesday, Wednesday, Thursday, Friday. Rows include Before school (07:00 à 08:45), Lunch (12:25 à 13:20), After school (15:40 à 18:00).

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

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



# Hillcrest Academy Daycare

## 2023-2024

Hillcrest Academy



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

### DAYCARE REGISTRATION FORM

#### Student Record:

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

Regular  \$9.20 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.20 + 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: \_\_\_\_\_

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



# Hillcrest Academy Daycare

2023-2024

Hillcrest Academy



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

## DAYCARE REGISTRATION FORM

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

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 08:45					
Lunch 12:25 à 13:20					
After school 15:40 à 18:00					

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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