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|---|---|
| <input type="checkbox"/> Flemming Elem. Daycare | <input type="checkbox"/> New Richmond Daycare |
| <input type="checkbox"/> Gaspé Elem. Daycare | <input type="checkbox"/> Riverview Daycare |
| <input type="checkbox"/> Grosse-Ile Daycare | |

DAYCARE Registration Form (2026-2027)

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|---|--------------------------|--------------------------------------|---------------------------|--------------------------------------|--------------------------|---------------------------------------|
| STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Sporadic | | Start Date | | | End Date: | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | |
| Morning | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lunch | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Afternoon | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pedagogical Days | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | <input type="checkbox"/> Occasionally |
| Estimated Arrival Time: | | | Estimated Departure Time: | | | |
| Student Lives with: | | | | | | |
| <input type="checkbox"/> Both Parents | | <input type="checkbox"/> Mother Only | | <input type="checkbox"/> Father Only | | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Shared Custody (example: 1 week with Mother / 1 week with Father) | | | | | | |
| Please Explain: | | | | | | |
| For shared custody you must provide the daycare with a yearly calendar schedule that must be entered into the system at the time of registration. | | | | | | |

Student Information:

| | | | |
|---|--|---|-----------------|
| Student's Name: | | <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth . |
| Languages spoken & understood by child: | | | |
| <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> English & French Other: | | | |
| Complete Address: | | | |
| <input type="checkbox"/> Pre-K <input type="checkbox"/> Kindergarten | Primary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | | |

Parent / Guardian Information:

| | | | | |
|---|--|------------------|------------------|------------------|
| Father's Name: | | Telephone (Cell) | Telephone (Home) | Telephone (Work) |
| Social Insurance Number: | | | | |
| Complete Address: | | | | |
| <input checked="" type="checkbox"/> Same as Student's | | | | |
| E-mail Address: | | | | |
| Mother's Name: | | Telephone (Cell) | Telephone (Home) | Telephone (Work) |
| Social Insurance Number: | | | | |
| Complete Address: | | | | |
| <input type="checkbox"/> Same as Student's | | | | |
| E-mail Address: | | | | |
| Guardian / Other Authorized Persons Name: | | Telephone (Cell) | Telephone (Home) | Telephone (Work) |
| (authorized for pick up) | | | | |
| Complete Address: | | | | |
| <input type="checkbox"/> Same as Student's | | | | |
| Relationship to Student: | | | | |

HEALTH / Authorization if case of Emergency:

| | |
|--|-------------------------------------|
| Does the student suffer from allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify: | |
| Does the student suffer from any other medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify: | |
| Does the student take any prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify: | |
| Health Insurance Number: | |
| Expiration Date of Health Insurance Card: | |
| Hospital Name: | |
| Doctor's Name: | Telephone: Fax: |
| Other than the parents please contact: | Relationship to Student: Telephone: |
| Name: | Cell: |
| | Home: |
| | Work: |
| Name: | Cell: |
| | Home: |
| | Work: |
| Name: | Cell: |
| | Home: |
| | Work: |

Authorization – Medical Emergency

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| In case of an emergency, I authorize the person in charge at the daycare to seek medical attention for my child. | |
| Parent / Guardian Name: | |
| Signature: | |

Authorization – Daycare Outings

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| I authorize my child to participate in school outings organized by the Daycare. An authorization from will need to be signed for each outing. (Form 7: Parental Authorization allowing their child to participate in a school activity or extracurricular activity within school board territory). | |
| Parent / Guardian Name: | |
| Signature: | |

***** IMPORTANT THIS INFORMATION IS NEEDED FOR TAX SLIPS (RL-24) *****

***** VERY IMPORTANT, IF THE REGISTRATION FORM IS NOT FULLY COMPLETED, THE DAYCARE WILL NOT BE ABLE TO REGISTER YOUR CHILD *****

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|---|-------------|--------------|------------|
| <ul style="list-style-type: none"> • I have read and understand the daycare rules and regulations and agree to comply with them. • I declare that all the information provided in the document is true and correct, as of the date of this signature. | | | |
| Signature of Parent or Guardian: | DATE | | |
| | YEAR | MONTH | DAY |
| | | | |

Submit completed form to: daycare@essb.qc.ca