



**Pierre Elliott Trudeau Daycare  
2024-2025**



COMMISSION SCOLAIRE ST-WILFRID-LAURIER  
ST WILFRID LAURIER SCHOOL BOARD

Pierre-Elliott-Trudeau Elementary School

**DAYCARE REGISTRATION FORM**

**Student Record:**

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

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.

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

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



# Pierre Elliott Trudeau Daycare

## 2024-2025

Pierre-Elliott-Trudeau Elementary School



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

### 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> 06:30 à 08:45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lunch</b> 11:50 à 13:20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After School</b> 15:35 à 18:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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