



McCaig Daycare

2020-2021

McCaig 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



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

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Medical information / Allergies record / Notes

Name of the hospital : _____
Hospital telephone : _____

Doctor's name : _____

Description / Allergies	Shock	Epipen	Medications	Comments
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Basic reservation (Daycare attendance):

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

- Attendance status: Regular Regular: At least two periods per day including lunch and three days a week.
 Sporadic 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school	<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)

Daily rates / Important messages:

As per the MEESR budgetary rules, the parents' financial contribution for students attending school daycare on a regular basis must not exceed \$8.35 per day. On school days, this contribution covers five hours of daycare, including the homework period. The contribution is subject to revision, by the MEESR.

Information on pedagogical day activities will be sent by e-mail approximately two weeks prior to the ped day. Please reply by e-mail or by sending in the signed permission slip by the specified date and ONLY if your child will attend. On pedagogical days, the daycare opens at 7:00 a.m. and closes at 5:30 p.m.

Daycare fees are invoiced on a monthly basis and sent out by e-mail, payable upon receipt. Fees may be paid online, by credit or debit card, or by cash or cheque(made payable to SWLSB).

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