WESTERN QUEBEC SCHOOL BOARD
DAYCARE REGISTRATION FOR 2015-2016
Confirmation of Student Information
Wakefield Kool Kids

Our Future Begins Here
Notre avenir commence ici

STUDENT IDENTIFICATION

STUDENT'S FAMILY NAME _____ STUDENT'S FIRST NAME _____ DATE OF BIRTH _____ SEX _____

PERMANENT CODE _____ I.D. No. _____ STUDENT'S HOME PHONE _____

ADDRESS STUDENT _____

ADULT RESPONSIBLE: FATHER ☐ MOTHER ☐ GUARDIAN ☐ F APPLICABLE PLEASE INDICATE JOINT CUSTODY ☐

☐ AUT.P/U FATHER'S NAME _____ ☐ AUT.P/U MOTHER'S NAME _____ ☐ AUT.P/U GUARDIAN'S NAME _____

FATHER HOME PHONE _____ FATHER WORK _____ FATHER CELL/PAGER _____ ADDRESS FATHER _____

MOTHER HOME PHONE _____ MOTHER WORK _____ MOTHER CELL/PAGER _____ ADDRESS MOTHER _____

GUARDIAN HOME PHONE _____ GUARDIAN WORK _____ GUARDIAN CELL/PAGER _____ ADDRESS GUARDIAN _____

EMERGENCY CONTACT INFORMATION

* Contacts listed below will be contacted in the order listed if the above responsible adults are unable to be reached. Please indicate whether the emergency contact is authorized to pick up your child by check marking the box provided.

☐ AUT.P/U EMERGENCY CONTACT #1 NAME _____ EMERG. CONTACT #1 (HOME) _____ EMERG.CONTACT #1 (WORK) _____ EMERGENCY CONTACT #1 ADDRESS _____

☐ AUT.P/U EMERGENCY CONTACT #2 NAME _____ EMERG. CONTACT #2 (HOME) _____ EMERG.CONTACT #2 (WORK) _____ EMERGENCY CONTACT #2 ADDRESS _____

DAYCARE ATTENDANCE

* PLEASE INDICATE THE DAYS AND TIMES THAT THE STUDENT WILL ATTEND THE DAYCARE

	M	T	W	T	F
AM	☐	☐	☐	☐	☐
LUNCH	☐	☐	☐	☐	☐
PM	☐	☐	☐	☐	☐

REGULAR ☐

SPORADIC ☐

*(Please see below)

MEDICAL INFORMATION

MEDICAL CARD NUMBER _____

EXPIRATION DATE _____

ALLERGIES: NO ☐ YES ☐ (PLEASE SPECIFY) _____

DOES HE/SHE HAVE AN EPIPEN NO ☐ YES ☐

ASTHMA: NO ☐ YES ☐ INHALER AT SCHOOL? NO ☐ YES ☐

DIABETES: NO ☐ YES ☐ EPILEPSY: NO ☐ YES ☐

DOES HE/SHE TAKE ANY MEDICATION? _____

FOR INCOME TAX PURPOSES, PLEASE PROVIDE US WITH THE SOCIAL INSURANCE NUMBER OF THE PARENT/GUARDIAN WHO WILL BE CLAIMING THE DAYCARE EXPENSES.

	Name	SIN	
Father:	_____	_____	
Mother:	_____	_____	_____
Guardian:	_____	_____	MAIN PAYER

For Official tax receipt purposes

STUDENT'S START DATE AT DAYCARE: _____

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

* 3 or more days per week on a regular basis
Maximum charge is $8.00/day for 5 hours or less per day

* Professional Development
Day charge is $16.00/day for 10 hours or less per day