## Garderie Le Berceau Enchanté Inc. 7 Rue Lachapelle (Montréal), QC, H9C 1S6 | (514) 675-7575

## **REGISTRATION FORM**

Rue Lachapelle (Mo	mireal), QC, H9C i	ן סכו	(514) (	0/5-/5/3	)							V190521	
1 INFORMATION ABOUT THE CHILD													
First name		Last r	name		Sex				Date of birth Date of admission				
				1				<u> </u>		<u> </u>			
Address				City				Postal	Code	Phone number			
, , ,		Attenda	nce AM	м _	T 🗆 W 🗀	] T [	_ F _	] S _	S NIRE	EC (13 numbers)			
☐ FR ☐ EN Other:					T DW				S				
2 MEDICAL, HEALTH, AND NUTRITIONAL INFORMATION													
Medical insurance card Expiration date Comments about the general health of the child													
Allergies (Medicinal)			Allergies (Food)						Allergies (Other)				
First name (pediatrician)			Last name (pediatrician)						Name of the clinic				
Address (clinic)				Pe			Postal	Postal code (cli.) Phone number (			(clinic)		
, ,			City (clinic)										
3 IDENTIFICATION OF PARENT 1													
First name		Last name					☐ Mother ☐ Father ☐ Payer						
Address				City	<u> </u>			Postal		Social insurance			
Address				City				l'Ostai	code	Social ilisulation	- Hullibe	<b>5</b> 1	
Phone number (home) Phone number (work)			tension	Phone n	Phone number (mobile) Email ad			ldress					
4 IDENTIFICATION OF PARENT 2													
First name		Last name					☐ Mother ☐ Father ☐ Payer						
Address				Pc			Postal	tal code Social insurance number			er		
Phone number (home) Phone number (work)													
Phone number (home)	Ext	tension	mber (mobile) Adresse courriel										
5 AUTHORIZED PERSONS TO PICK UP CHILD (other than the parents)													
First name			Last name					Relation to child					
Address				City			Postal code		Phone number	Phone number			
First name			name	lRela			Relation	ion to child					
Address				City	City			Postal	code	Phone number	Phone number		
6	ENCY CONTACT PERSON (other than the na						rents)						
6 EMERGENCY CONTACT PERSON (other than the parents)  First name Relation to child													
			Last Hallle					relation to child					
Address				City				Postal	code	Phone number	hone number		
				41171105	174710110								
7 AUTHORIZATIONS													
I authorize my child to participate in outings organized by the Daycare, either by walking or by school or municipal bus  I authorize that the personnel of the Daycare make the necessary arrangements, relating to the health of my child, in case of emergency													
I authorize photography of my child at the Daycare and their use in the pedagogical framework of the Daycare (slideshows, Facebook, etc.)													
By signing this form you declare that the information provided is accurate and complete and you agree to respect the regulations contained in the internal management document of the Daycare													
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Signature of parent 1			Date	Signature of parent 2						Date			