

1 INFORMATION ABOUT THE CHILD

| | | | | | | |
|--|--|--|------|--|--------------------|-------------------|
| First name | | Last name | | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Date of birth | Date of admission |
| Address | | | City | Postal Code | Phone number | |
| Spoken languages <input type="checkbox"/> FR <input type="checkbox"/> EN Other: _____ | | Attendance AM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S PM <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S | | | NIREC (13 numbers) | |

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) | | | City (clinic) | Postal code (cli.) | Phone number (clinic) | |

3 IDENTIFICATION OF PARENT 1

| | | | | | | |
|---------------------|---------------------|-----------|-----------------------|---------------------------------|---------------------------------|--------------------------------|
| First name | | Last name | | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Payer |
| Address | | | City | Postal code | Social insurance number | |
| Phone number (home) | Phone number (work) | Extension | Phone number (mobile) | Email address | | |

4 IDENTIFICATION OF PARENT 2

| | | | | | | |
|---------------------|---------------------|-----------|-----------------------|---------------------------------|---------------------------------|--------------------------------|
| First name | | Last name | | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Payer |
| Address | | | City | Postal code | Social insurance number | |
| Phone number (home) | Phone number (work) | Extension | Phone number (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 | |
| First name | | Last name | | Relation to child | | |
| Address | | | City | Postal code | Phone number | |

6 EMERGENCY CONTACT PERSON (other than the parents)

| | | | | | | |
|------------|--|-----------|------|-------------------|--------------|--|
| First name | | Last name | | Relation to child | | |
| Address | | | City | Postal code | Phone number | |

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

| | | | | | | | |
|-----------------------|--|------|--|-----------------------|--|------|--|
| Signature of parent 1 | | Date | | Signature of parent 2 | | Date | |
|-----------------------|--|------|--|-----------------------|--|------|--|