



# Crestview Daycare

## 2025-2026

Crestview Elementary School



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

### DAYCARE REGISTRATION FORM

#### Student Record:

Student: \_\_\_\_\_

Regular  \$9.50 / day    Non-regular  According to school's Daycare Procedures    Pedagogical days  \$9.50 + 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: \_\_\_\_\_

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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#### Medical information / Allergies record / Notes

Name of the hospital : \_\_\_\_\_ Doctor's name : \_\_\_\_\_  
Hospital telephone : \_\_\_\_\_

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
Before school	06:45 à 08:45					
Lunch	12:13 à 13:13					
After school	15:30 à 18:00					

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