

**N.H.E.S. DAYCARE SERVICE  
Registration Form  
2017-2018 School Year**



**STUDENT**

\_\_\_\_\_  
Last Name First Name Grade

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Day Month Year

Home Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

\_\_\_\_\_  
Email address: \_\_\_\_\_

☎ # \_\_\_\_\_ Mother Tongue:  English  French  Other \_\_\_\_\_

Person(s) legally responsible for child:  Both Parents  Mother  Father  Guardian  **Shared custody**

**PARENT A**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

HOME ☎ \_\_\_\_\_

Cell ☎ \_\_\_\_\_

WORK ☎ \_\_\_\_\_

**PARENT B**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

HOME ☎ \_\_\_\_\_

Cell ☎ \_\_\_\_\_

WORK ☎ \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies:  No  Yes (please specify) \_\_\_\_\_

**(If your child is prescribed an EpiPen, one must be provided and kept in the daycare office for quick access)**

Medication:  No  Yes (please specify) \_\_\_\_\_

(Please make sure to inform us if medication must be taken during daycare periods)

Other health problems or handicap: \_\_\_\_\_

**Emergency Contact (other than parents)**

Name : \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_

Name : \_\_\_\_\_ Home ☎ \_\_\_\_\_ Work ☎ \_\_\_\_\_

In the event that we are unable to contact anyone listed above, I authorize the Daycare personnel to arrange transportation for my child, at my own cost, to a Doctor's office, CLSC, or hospital, for appropriate care if he/she becomes seriously ill or is injured.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

OVER

**CHOICE OF DAYCARE PERIODS**

**Kindergarten – Grade 6**

	<b>Morning</b>	<b>Lunchtime</b>	<b>After School</b>
Monday	<input type="checkbox"/> 7:30am - 8:05am	<input type="checkbox"/> 12:05pm – 13:05pm	<input type="checkbox"/> 2:35 pm – 5:30pm
Tuesday	<input type="checkbox"/> 7:30am - 8:05am	<input type="checkbox"/> 12:05pm - 13:05pm	<input type="checkbox"/> 2:35 pm – 5:30pm
Wednesday	<input type="checkbox"/> 7:30am - 8:05am	<input type="checkbox"/> 12:05pm – 13:05pm	<input type="checkbox"/> 2:35 pm – 5:30pm
Thursday	<input type="checkbox"/> 7:30am - 8:05am	<input type="checkbox"/> 12:05pm - 13:05pm	<input type="checkbox"/> 2:35 pm – 5:30pm
Friday	<input type="checkbox"/> 7:30am - 8:05am	<input type="checkbox"/> 12:05pm – 13:05pm	<input type="checkbox"/> 2:35 pm – 5:30pm

**Regular \$8.15/day**       **Sporadic \$5/hr**       **Planning days \$16/day**

**Anticipated Arrival Time (if registered for morning block):** \_\_\_\_\_

**Anticipated Pick-up Time:** \_\_\_\_\_

**PICKING UP YOUR CHILD FROM THE DAY CARE**

Name of child: \_\_\_\_\_

For the period of: \_\_\_\_\_ (month) 2017, to \_\_\_\_\_ (month) 2018

Who will be picking up your child without notification:

Name: \_\_\_\_\_ (relationship to the child): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I give permission to my child to walk home or to another destination**     **yes**       **no**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For safety reason, only parent(s)/ guardians and the above mentioned people may pick up your child(ren) without notification. Please inform the daycare in advance,(written note or phone call) if any other person will be picking up your child from daycare.**

During the course of the daycare year, students are occasionally videotaped, recorded and/or photographed either for the newspaper, or web site. I hereby give permission (or not) to release the school and the School Board from any liability or damage resulting from or connected with the publication of such work.     **Yes**       **No**

\$10 Daycare registration fee       \$15/family       Cheque# \_\_\_\_\_  
Total: \$ \_\_\_\_\_ (Deposit)

Received by \_\_\_\_\_ Date \_\_\_\_\_