## Rawdon Daycare 2025-2026



Rawdon Elementary School

## **DAYCARE REGISTRATION FORM**

Student Record:							
Student:	Regular   Non-regular   Pedagogical days   \$9.70 / day   According to school's   \$9.70 + 6.35 / day   + activity fees						
Date of birth (year-month-day):	_ Circle Grade Level: Pre-K K 1 2 3 4 5 6						
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:	Parent 2 last & first name:						
Address:	Address:						
Child's residence: Yes No  Please note that the taxation slips will be issued to the payer only.	Child's residence: Yes No						
Social insurance number:	Please note that the taxation slips will be issued to the payer only.						
*SIN number required to issue the RL-24 slip-Childcare expenses*	Social insurance number:						
I refuse to provide my SIN number. Initial:	*SIN number required to issue the RL-24 slip-Childcare expenses* I refuse to provide my SIN number. Initial:						
Telephone (home):	Telephone (home):						
Telephone (work):	Telehone (work):						
Cellular:	Cellular:						
E-mail:	E-mail:						
Guardian's information:							
Last & first name:	Social insurance number:						
Family link:	Telephone (home):						
Address:	Telephone (work):						
	Cellular:						
Child's residence: Yes No No	E-mail:						
Authorized person(s) to pick up your child or (different from person indicated above):	to contact in case of emergency						
Priority Last & first name Relationship Pl	none home Telephone 1 Telephone 2 Cellular						

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Name of the hospital :  Hospital telephone :								
Description / Allergies			Shock I	Epipen Medic	ations.	Ω	Comments.	
Basic reservatio	n (Daycare a	ttendar	nce):					
Attendance status:  Please indicate	Regular Non-regular Ped. days only	Reg	gular: At lea Idren regist	ast one day per tered five days	a week are n	ot assigned	ds per day including lunch. transportation services. ild will be present.	
Period	,	Monday	Tuesday	Wednesday	Thursday	Friday	Students who are registered may only alternate twice a year, as per transportation policy (clause 3.6.1.3)	
Before school	07:00 à 08:00							
Lunch	11:25 à 12:20							
After school	14:40 à 18:00							
	his contribution cover	s five hours	s of daycare	, including the h	omework peri		regular basis must not exceed \$9.70 ibution is subject to revision, by the	
I authorize the school day I authorize the school day				•	•	dagogical day	s. Initial:	
SPECIAL AUTHORIZAT I authorize my child to lea I hereby acknowledge tha I authorize the daycare st accident). Also if necessa	tive the daycare only want the daycare reserve aff to take the necessary, calling a doctor or	es the right sary measure ensuring tr	to prevent a res to attend ransportation	person who mid to my child in to a hospital.	ght be intoxica	ency (sudden		
I have received and read I declare that this informa			ool daycare	service and I a	gree to respec	t them.	Initial:	
x	Signature of paren	t authority				Date		
S	ignature of daycare	technicia	n 🗆			Date		