

REGISTRATION FORM

LES PREMIERS PAS DAYCARE

5615 Cote Saint-Luc Road

Montreal, Qc H3X 2C9

Phone : (514) 839-2494



GARDERIE
LES PREMIERS PAS

Please completely fill in and sign the following form to confirm the registration of your child

CHILD

Last Name of the child: _____ **First Name** of the child: _____

Birthdate: _____ Age at registration: _____

Home Address: _____

Phone: _____ Health Insurance N^o: _____

Does your child suffer from a physical disability? Yes: _____ No: _____

If yes, which one? _____

Beginning date for your child: _____

The days of attendance of your child are the following (select):

Fulltime ()

SPOKEN AND UNDERSTOOD LANGUAGE(S)

By the father: _____ By the mother: _____

By the child: _____ At home: _____

PARENTS / TUTORS

Last Name of the Father/Tutor: _____ **First Name** of the Father/Tutor: _____

Home Address: _____

Phone: _____ **Mobile:** _____

Name of employer: _____ Phone: _____

E-mail: _____

Last Name of the mother: _____ **First Name** of the mother: _____

Home Address: _____

Phone: _____ **Mobile:** _____

Name of employer: _____ Phone: _____

E-mail: _____

EMERGENCY CONTACT

Last Name: _____ **First Name:** _____

Family ties: _____

Home Address: _____

Phone: _____ Mobile: _____

Name of the Pediatrician / Family doctor: _____

Phone: _____

Address: _____

Do you authorize the daycare staff to take measures in the case of an emergency?
YES: _____ NO: _____

** All costs in transport are at your own expense*

WHO WILL BRING AND PICK UP YOUR CHILD
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Last Name: _____ First Name: _____

Family Ties: _____

Home Address: _____

Phone: _____ Mobile: _____

** Please advise us of any change*

OTHER INFORMATION

Has your child already attended a daycare? Yes: _____ No: _____

Does your child have allergies (food, drugs), food restrictions or a particular diet?

Yes: _____ No: _____

If yes, which ones: _____

Has your child had health problem? Yes: _____ No: _____

If yes, which ones: _____

Is your child vaccinated? Yes: _____ No: _____

Are his vaccines up to date? Yes: _____ No: _____

Does your child have specific needs? _____

Do you authorize the daycare to do outdoor field trips with your child (park, go for walks) by foot or with a miniwagon? Yes: _____ No: _____

** All other field trips (sugar house, biodome) will be notified to you in due time with the authorization form.*

To what name must the tax receipt of your daycare fees be done for?

Last Name: _____ First Name: _____

I certify that all above informations are exact and that I have read the rules and regulations of the daycare.

Name (capital letters Please.) _____

Signature of the parent: _____ ***Date:*** _____

All information of this document are confidential and not to be disclaimed by the daycare. It will be returned to you when the daycare services are no longer needed.

Authorization for the application of sunscreen

Parents are not mandated to consent with the following authorization. However, if they do not sign this form, the application of sunscreen cannot be made on their child. They may limit the period of validity of this authorization by providing a time duration in the appropriate section below.

I authorize « **LES PREMIERS PAS** » **DAYCARE** to apply on my child, according to this protocol, the sunscreen sold under the following brand:

Brand and sun protection factor (SPF)

Child's full name	Period of validity of the authorization
Date	Parent's signature

Authorization for the application of zinc oxide-based cream for seats

Parents are not mandated to consent with the following authorization. However, if they do not sign this form, the application of zinc oxid-based cream cannot be made on their child's seat. They may limit the period of validity of this authorization by providing a time duration in the appropriate section below.

I authorize « **LES PREMIERS PAS** » **DAYCARE** to apply on my child's seat, according to this protocol, the zinc oxide-based cream sold under the following brand:

Brand

Child's full name	Period of validity of the authorization
Date	Parent's signature

Authorization for the administration of commercial hydration oral solutions

Parents are not mandated to consent with the following authorization. However, if they do not sign this form, commercial hydration oral solutions cannot be administered to their child. They may limit the period of validity of this authorization by providing a time duration in the appropriate section below.

I authorize « **LES PREMIERS PAS** » **DAYCARE** to administrate to my child, according to this protocol, the commercial hydration oral solution sold under the following brand:

Brand

Child's full name	Period of validity of the authorization
Date	Parent's signature

Authorization for the administration of acetaminophen

Parents are not mandated to consent with the following authorization. However, if they do not sign this form, acetaminophen cannot be administered to their child. They may limit the period of validity of this authorization by providing a time duration in the appropriate section below.

I authorize « **LES PREMIERS PAS** » **DAYCARE** to administrate to my child, according to this protocol, acetaminophen sold under the following brand:

Brand, form (drops, syrup, tablets) and concentration

Child's full name	Period of validity of the authorization
Date	Parent's signature

Authorization for the application of insect repellents

Parents are not mandated to consent with the following authorization. However, if they do not sign this form, the application of insect repellents cannot be made on their child's seat. They may limit the period of validity of this authorization by providing a time duration in the appropriate section below.

I authorize « **LES PREMIERS PAS** » **DAYCARE** to apply on my child's seat, according to this protocol, the insect repellent sold under the following brand:

Brand, form (lotion, cream, gel, liquid, spray or aerosol) and concentration of the active ingredient (DEET)

Child's full name	Period of validity of the authorization
Date	Parent's signature

Authorization for the administration of saline nasal drops

Parents are not mandated to consent with the following authorization. However, if they do not sign this form, saline nasal drops cannot be administered to their child. They may limit the period of validity of this authorization by providing a time duration in the appropriate section below.

I authorize « **LES PREMIERS PAS** » **DAYCARE** to administrate to my child, according to this protocol, saline nasal drops sold under the following brand:

Brand

Child's full name	Period of validity of the authorization
Date	Parent's signature