Laurentia Daycare

2025-2026

Laurentia Elementary School

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

DAYCARE REGISTRATION FORM

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. Children registered five days a week are not assigned transportation services.**
- **Non-regular** ☐
- **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	**06:30 à 08:20**					
Lunch	**12:25 à 13:15**					
After school	**15:15 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