Knowlton Daycare

Knowlton Academy
REGISTRATION FILE
2026-2027

Instructions

A - Verify the information provided in this form. Make corrections (if needed) on the right. New registrants must fill in the column of the right.

B - Indicate the name of the school that your child will be attending next September.

C - Please sign and date the form.

Student's file

Current information | **Modifications**

Identification

Last name : _____

First name : _____

First name (civil status) : _____

Gender :

Gender (civil status) :

Joint custody ? Yes ☐ | Yes ☐ No ☐ Mother's % : _____ Father's % : _____

Date of birth : _____

Rank : _____

Permanent code : Id. Number :

Yearly information

Name of the school that your child will be attending next September : _____

Main payer : _____

Authorized to leave alone? Yes ☐ Hour : | Yes ☐ No ☐ Hour : _____

Permission for field trips? Yes ☐ | Yes ☐ No ☐

Pedagogical day attendance? Yes ☐ | Yes ☐ No ☐

Contacts

Contact details

Last and first name : _____

Adult responsible ? Yes ☐ | Yes ☐ No ☐

Adress : _____

Address of student ? Yes ☐ | Yes ☐ No ☐

Telephone (home) : _____

Telephone (work) : _____

Fax : _____

Paget : _____

Cellular : _____

E-mail address : _____

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Contact details

Last and first name : _____

Adult responsible ? Yes ☐ Yes ☐ No ☐

Adress : _____

Address of student ? Yes ☐ Yes ☐ No ☐

Telephone (home) : _____

Telephone (work) : _____

Fax : _____

Paget : _____

Cellular : _____

E-mail address : _____

Contact details

Last and first name : _____

Adult responsible ? Yes ☐ Yes ☐ No ☐ Parental link : _____

Adress : _____

Address of student ? Yes ☐ Yes ☐ No ☐

Telephone (home) : _____

Telephone (work) : _____

Fax : _____

Paget : _____

Cellular : _____

E-mail address : _____

People authorized to pick up the student

Name and address	Contact	Tel. home	Tel. work 1	Tel. work 2	Cellular

Emergency contacts

Name and address	Priority	Contact	Tel. home	Tel. work 1	Tel. work 2	Cellular

Family members registered in daycare

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Medical information

Health insurance number : _____

HIN expiration date : _____

Hospital name : _____

Hospital telephone : _____

Doctor's name : _____

Medical file

Description	Shock	Epipen	Medications	Comments

Medical file notes

_____

_____

Basic reservation (Daycare frequentation)

Basic reservation starting date : _____ (Year - Month - Day)

Status of attendance : _____ (Regular or Sporadic)

Estimated time of ARRIVAL at the daycare : _____

Estimate time of DEPARTURE : _____

*** Important : Please check off all the periods for which your child will be present :

Périods		Monday	Tuesday	Wednesday	Thursday	Friday
Morning	06:45 à 08:05					
Lunch	11:40 à 12:40					
Afternoon period	15:00 à 17:30					

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Other comments

- I have read and understand the daycare rules and regulations and agree to comply with them.
- I declare that all the information provided in this document is true and correct, as of this date.
- If my child needs emergency medical treatment, I authoriz«e the daycare personnel to take whatever measures are necessary (transportation to a hospital emergency room, calling a doctor, etc.)

Signature _____ Date _____

"I, the undersigned, refuse to give my social insurance number, mandatory information according to the Provincial tax law, as demanded by the School Board."

Signature _____ Date _____

This section is reserved for Daycare use

Teacher's name : _____

Student's homeroom : Class : _____

School number and name : _____

Parent's signature (responsible of the child) _____ Date _____

***** Please note that tax slips are issued to the invoice payers.**