



**1751 Richardson  
Suite 1.052  
Montreal, Quebec  
H3K 1G6**

**REGISTRATION FORM**

Child's Name: \_\_\_\_\_  
First Name Last Name

Date of Birth : (YY/MM/DD/)\_ \_\_\_\_\_ Age: \_\_\_\_\_ Medicare #: \_\_\_\_\_  
Starting date (YY/MM/DD): \_\_\_\_\_

**PARENT**

Mother : \_\_\_\_\_  
First Name Last Name

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

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

Address: \_\_\_\_\_  
No. / St. / City / Province / Postal Code

Employment : \_\_\_\_\_  
Address \_\_\_\_\_ Phone : \_\_\_\_\_

Father: \_\_\_\_\_  
First Name Last Name

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

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

Address: \_\_\_\_\_  
No. / St. / City / Province / Postal Code

Employment : \_\_\_\_\_  
Address : \_\_\_\_\_ Phone: \_\_\_\_\_

No. / Rue / Ville / Province / Code Postal

**OR**

**GUARDIAN**

Guardian: \_\_\_\_\_  
First Name Last Name

Phone #(H): \_\_\_\_\_ Phone # (C): \_\_\_\_\_

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

Address: \_\_\_\_\_  
No. / St. / City / Province / Postal Code

Employment : \_\_\_\_\_  
Address : \_\_\_\_\_ Phone: \_\_\_\_\_

No. / Rue / Ville / Province / Code Postal



**EMERGENCY CONTACT :**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**ADDITIONAL PERSONS ALLOWED FOR PICK UP**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone : \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone : \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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



**SERVICE AGREEMENT**

This agreement is between :

Centre pour enfant Namasté  
1.052-1751 Richardson, Montréal, Qc. H3K 1G6

**Et**

Name and address of parent or guardian:

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

For daycare services for (child's name) : \_\_\_\_\_

**Expiration date of the Agreement :** \_\_\_\_\_

**Daycare hours:** Monday to Friday 7am-6pm

**Cost of services:** The daycare services are : 45.00\$ | 40.00\$/day. Payable according to the terms agreed (specified below)

**Receipt for childcare expenses:** a receipt for the fees paid will be sent to parents once a year for the costs incurred.

**Payment Mode:** \_\_\_\_\_

**Additional costs (added to the monthly custodial fees)**

- *Return check: return or NSF fees charged by the bank + \$ 35.000*
- *Occasional cost of field trips (will be communicated to parents Prior to outing)*
- *Late fee: \$ 2 for every 5 minutes late when the child is not picked up after the hours as specified in the internal policy*
- *Credit card : Subject to a 3% transaction fee for each payment.*

**USE OF SERVICES**

Beginning date needing care: \_\_\_\_\_

Days: Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_

Thursday\_\_\_\_\_ Friday\_\_\_\_\_ Saturday\_\_\_\_\_

Sunday\_\_\_\_\_

At what time will you drop off your child \_\_\_\_\_

At what time will you pick up your child \_\_\_\_\_

Number of days per week requiring services: \_\_\_\_\_

*The items listed as follows will be provided by parents: see list described in the internal policy.*

*Should the termination of care be needed by either party, both parties agree to submit to the other a written notice within a minimum 2 week period.*

The undersigned has read, understand and accepted the terms and conditions of this agreement, as indicated.

Signature of Parent or Guardian : \_\_\_\_\_

Date : \_\_\_\_\_

Representative for daycare : \_\_\_\_\_



**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

**(COPY TO BE KEPT IN CHILD'S FILE)**

Child's Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's phone no. : \_\_\_\_\_

Dosage: \_\_\_\_\_

Starting Date (YY/MM/DD): \_\_\_\_\_

Ending Date (YY/MM/DD) : \_\_\_\_\_

Signs of allergy: \_\_\_\_\_

Additional information: \_\_\_\_\_

Day of the week	Date	Quantity (Dosage)	Time	Signature	Notes

Signature of Parent or Guardian: \_\_\_\_\_

Date : \_\_\_\_\_



### AUTHORIZATION FOR NON PRESCRIPTION MEDICATION

I give permission for the staff/educators of Centre pour enfant Namasté to administer non prescription medication to my child. I understand that I must provide the daycare with the topical non-prescription drugs in the original container labelled with the name of my child, the name of the medication, and directions for administering the medications.

**This authorization is limited to: topical medications, medicated Powders, teething ointment or medication, lip balm, sunscreen, acetaminophen, insect repellent, zinc oxide and saline nose drops**

Signature of Parent or Guardian : \_\_\_\_\_

Date : \_\_\_\_\_



### AUTHORIZATION FOR AMBULANCE

I authorize Centre pour enfant Namasté to take the necessary steps to seek the services of an ambulance if a serious accident (concussion, broken leg/arm or hip, loss of consciousness, projectile vomiting, dilation of a pupil, etc.) happens to my child and I agree to pay the ambulance expenses.

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

- The child will be accompanied to the hospital by a daycare staff or a person designated by him in the case that the parent(s) cannot attend to the child at daycare.
- The child's safety is a priority, if a member of the daycare staff accompanies the child to the hospital the daycare staff member has to remain at the hospital until a parent arrives.

In case of minor injury, the parent will have to retrieve their child and take him/her to the hospital if necessary. Should the parent refuse to retrieve their child, the daycare disclaims any liability and thus the parent will be asked to sign a waiver releasing the daycare from any liability as the provider due to their refusal to tend to their child.



**ALLERGY INFORMATION**

For the safety of your child we ask that you complete this form should your child have a food sensibility or a severe food allergy that requires medical attention.

	Nut	Milk	Wheat	Soya	Egg	Seafood and Fish	Sulfate	Tree nuts	Sesame
Allergy									
Sensibility									

Other: \_\_\_\_\_

Type of Reaction : \_\_\_\_\_

Epipen : Yes\_\_\_\_\_ No\_\_\_\_\_

Type of Epipen: \_\_\_\_\_

Other Medication: \_\_\_\_\_

Information that you deem pertinent to the health of your child :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parents of children with eating problems / allergies may be required to provide additional food and / or drink for their child if it is not possible to provide food and / or appropriate beverages (for example, if your child is a vegetarian, you must provide certain portions of protein in their meals.**

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_



### PHOTO/VIDEO AUTHORIZATION

We know that your child will have an enjoyable experience at Centre pour enfant Namasté and we would like to document it along with all of his/her achievements through photographs and / or videos. Some pictures taken at the daycare will be posted on our Facebook page or used for promotional purposes. As you know, there are potential dangers associated with images of children on the web; global access to the Internet does not allow us to control every aspect of this. Please take the time to think about this before completing the picture / video consent form

I give permission for my child \_\_\_\_\_ photo to be used for promotional purposes for Centre pour enfant Namasté.

I do not give permission for my child \_\_\_\_\_ photo to be used for promotional purposes for Centre pour enfant Namasté .

I **only** give permission for my child \_\_\_\_\_ photo to be used in our private group facebook page.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



