

# Parkview Daycare Services

## Enrolment Contract – 2025 / 2026

Last name of child: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

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

Child lives with: Both parent ☐ Mother ☐ Father ☐ Legal/Guardian ☐

Joint custody: Yes ☐ No ☐

**(If yes, you must provide custody calendar and an individual daycare contract for each parent using daycare.)**

Individuals other than parents to contact in the event of emergency/

Individuals other than parents allowed to pick-up child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have any allergies or any serious health problems? Yes ☐ No ☐

If yes, does your child have an Epipen at school? Yes ☐ No ☐

Type of reaction and/or problem: \_\_\_\_\_

Specific measures to take: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to register my child as:

**Regular** ☐ 9,70\$ = 1 day / 2 days / 3 to 5 days per week

**Sporadic** ☐ 1,65\$ A.M. ☐ 9,10\$ P.M. ☐ 3,20\$ Lunch period

Starting date **(Obligatory)**: \_\_\_\_\_

Child will attend the following days (Obligatory):

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Monday am: \_\_\_\_\_ Tuesday am: \_\_\_\_\_ Wednesday am: \_\_\_\_\_ Thursday am: \_\_\_\_\_ Friday am: \_\_\_\_\_

*(Morning period from 7:15 to 7:45)*

Pedagogical days: 25\$ or 30\$ ALL \_\_\_\_\_ OCCASIONALLY \_\_\_\_\_ NO \_\_\_\_\_

**PED Day.** Limited places. First come first serve. Regular users have priority to available places. Once ped day is reserved, it is payable even if absent. (May cancel without fees by the cutoff date on the PED day chart)

***The parents must give a 2-week written notice to end their child's use of the Daycare program, or to modify their existing contract. The parent is responsible for paying the total of the current month fee.***

#### **Income Tax receipts**

Name of person to receive tax receipt (payer): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

I refuse to give the S.I.N. number: ☐ Signature: \_\_\_\_\_

***Please note that online payments are preferred, and checks must be made by the payer to receive the income tax receipt. If the check is in another person's name, that person becomes the payer. This is a government law. If paid in cash, please indicate the payer's name on the payment envelope.***

[darlings@edu.etsb.qc.ca](mailto:darlings@edu.etsb.qc.ca) to contact the Daycare Technician: Sandra Darling for any questions concerning daycare services.

I have read the attached "Daycare guidelines" and agree with all its components (and daycare fees).

**Your signature is obligatory, without this signed contract, your child may not attend daycare. This registration form must be received by the school before the starting date indicated on form.**

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

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