



Tel. 514-446-1514
info@garderie-melodie.ca
200-1260 Mackay Street
Montreal QC
H3G 2H4

Registration Form

Section 1: This section is reserved for all information concerning the child

First Name _____ Last Name _____.

Date of birth _____ Child Telephone Number _____.

Admission Date _____ Full time or Part Time _____.

Language(s) spoken and understood _____

Address

Street Number and Name _____ Apartment number _____

City and Province _____ Postal Code _____.

Section 2: This section is reserved for all information concerning the parents of the child (or legal guardian)

Father First Name _____ Father Last Name _____.

Mother First Name _____ Mother Last Name _____.

Father Phone Number _____ Mother Phone Number _____.

Phone Number at Home _____ E-mail address 1 _____

Address _____ E-mail address 2 _____

Street Number and Name _____ Apartment number _____

City and Province _____ Postal Code _____.

Section 3: This section is reserved for information concerning the people authorized by parents or legal guardian to pick up the child (Name, Phone Number, Address)

Full Name _____ Telephone Number _____.

Street Number and Name _____ Apartment _____.

City and Province _____ Postal Code _____.



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Section 4: This section is reserved for all information concerning the people authorized by the parents or legal guardian to be contacted in case of emergencies (Name, Phone Number, Address)

Full Name _____ Telephone Number _____.

Street Number and Name _____ Apartment _____.

City and Province _____ Postal Code _____.

Section 5: This section is reserved for all medical information concerning the child

Insurance Card Number (RAMQ) _____ Expiration Date _____.

Food Allergies ? _____ Yes No

If yes, specify foods _____.

Medication Allergies ? _____ Yes No

If yes, specify which medication _____.

Other Allergies ? _____ Yes No

If yes, which ones ? _____

Indicate if your child has ever had one or more of the following health problems/diseases:

Measles _____ Yes No

Rubella _____ Yes No

Mumps _____ Yes No

Chicken Pox (Varicella) _____ Yes No

Meningitis _____ Yes No

Whooping Cough _____ Yes No

Asthma _____ Yes No

Diabetes _____ Yes No

Eczéma/Psoriasis _____ Yes No

Epilepsy _____ Yes No



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Other Yes No

Specify

Is there any other important information we should know

concerning the health and well-being of your child? Yes No

Specify

Section 6: This section is reserved for information regarding the child's Family doctor (if any).

Full Name Telephone Number

Address

Section 7: This section is reserved for all important authorizations from parents to the Daycare for the well-being and comfort of their child.

Authorization for cases of emergencies:

I, _____, legal representative of _____ authorize Garderie Mélodie to hospitalize my child in case of an emergency, to allow him to be taken care of by emergency services (such as an ambulance, firefighters, etc.), to get the necessary treatment if his or her physical state demands it, and to transport him or her to the emergency room based on the seriousness of his or her injury for a medical intervention.

Authorization for field trips and going outside of the Daycare:

I, _____, legal representative of _____ authorize my child to go outside of the daycare under the supervision of the educators and to participate in the field trips organized and administered by Garderie Mélodie.

I have read and understood Garderie Melodie's policies

Yes, I have

I am responsible of all the information provided in this document and I confirm that it is right and true.

Full Name of Parent/Legal Guardian

Signature

Date