



Atelier La Boîte à Surprises Inc.

Jouer pour apprendre

Registration for 2015-2016

First name : _____ Last name : _____

2-3 year olds group 3-4 year olds group 4-5 year olds group

If you are interested in a drop-in daycare service and /or third period of activities please check the appropriate box :

Drop-in daycare 1/week:

Drop-in daycare 2/week:

Third period of activities in the morning

Third period of activities in the afternoon

Date of birth : _____ Medicare card #: _____ expiration : _____

Does your child suffer from any of the following health problems :

Diabetes yes no

Hemophilia yes no

Epilepsy yes no

Asthma yes no

Allergies yes no

Others : _____

If yes, specify : _____

First name : _____ Last name : _____

2-3 year olds group 3-4 year olds group 4-5 year olds group

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Allergies yes no

Other : _____

If yes, specify : _____



Personal Information : If details have changed since last year, please include the new information:

Mother : _____ **Father :** _____
Address : _____ home phone # : _____
_____ work phone #: Mother _____
_____ Father _____
E-mail : _____ Cellular : Mother _____
_____ Father _____

Emergency contact information :

In an emergency, we will attempt to communicate with the parents. If we cannot contact you , please indicate the appropriate persons that we should then attempt to contact :

Name : _____ Name : _____
phone # : _____ phone # : _____
Relation with the child : _____ Relation with the child : _____

In an emergency situation, I authorize that the educator of *L'Atelier la Boîte à Surprises Inc.* follow the guidelines listed below ;

1. Contact the parents or the person responsible for the child.
2. Call an ambulance (if necessary).
3. Accompany the child to the clinic or the hospital (by taxi).

It is understood that the parents will pay all the incurred expenses describe in the points 2 and 3

Persons authorized to pick up your child :

Name : _____ Relation with the child : _____
Name : _____ Relation with the child : _____
Name : _____ Relation with the child : _____
Name : _____ Relation with the child : _____

Authorization for Outings :

I authorize my child to participate in the following events or activities :

- Walks (sidewalk, fields, forest,...)
- to go to the park, to go at the library and to the CLSC
- Be photographed for the exhibition of photographs and information documents (promotion)

yes no

I authorize the distribution of personal information such as the phone number of my child to facilitate the phone tree

yes no



Opening hours and rates: opening hours may change

If you are interested in a **drop-in daycare** service and /or a **third period of activities** please check the appropriate box above on this form

Age Group	Day	Hours	Rate
2-3 year olds	Friday	9 to 12	345,00\$ / year
3-4 year olds	Tuesday and Thursday	9 to 1	775,00\$ / year
4-5 year olds	Monday and Wednesday	9 to 1	740,00\$ / year
Drop-in daycare			5\$ / hour for 1 child 7\$ / hour for 2 children

**There is a 50\$ administration fee that must be added per child.
The difference in the price of the 3-4 and the 4-5 groups is due to the holidays that will be on Mondays**

Payment :

- **An amount of \$ 50 is paid upon registration to reserve the child's place and it is non refundable.**
- We accept a **maximum of 10 installments on the 20th of each month** with post-dated checks payable to the Atelier la Boîte à surprises.
- **A fee of \$ 10 will be charged for each check without provision.**
- **Every family should give 10 hours of volunteer for each** child registered. When the commitment is fulfilled, 50\$ per child will be returned to parents in December or June.

Financial support : Low-income families can apply for financial support. Depending on the demand, eligible families can receive up to 75% of their annual fees covered by the Atelier la Boîte à surprises Fonds d'entraide. More information as well as the application forms will be provided upon registration.

Delay after 10 minutes:

5\$ additional fee will be charged for each 10 minutes late. This fee is **to be paid upon picking up the child.**

Signature of Parties :

I have taken into account the present contract and accept the terms and I want to become a member of the Atelier la Boîte à surprises for the activities from September 2015 to June 2016

Parent :

Print Name: _____

Signature

Relation with the child

Date

For l'Atelier la Boîte à Surprises

Representative of the Atelier la Boîte à Surprises

Date

Cancellation of the contract

Parents may terminate this contract at any time by giving the formula of termination or by sending written notice to the Board of Directors. The contract is terminated without further formality, upon the sending of the form or notice. The fees for services rendered will be charged..