



GARDERIE LES DIAMANTS DE SOMERLED **REGISTRATION FORM 2013-2014**

6263 Somerled
Montreal; Quebec
H3X 2B7
Tel: 514-904-1475

Date registered: _____

Number of days per week: Monday__Tuesday__Wednesday__Thursday__Friday__

Start Date: _____

Child's Name: _____

Date of birth: D/M/Y _____

Address: _____

Postal code: _____

Home Telephone number: _____

Cell phone (mother): _____

Cell phone (father): _____

Language spoken: _____

Language understood: _____

If changed address within the last five years:

Address: _____

Father's name: _____

Occupation: _____

Name of Employer: _____

Father's work number: _____

Father's address: _____

Mother's name: _____

Mother's maiden name: _____

Mother's work number: _____

Mother's address: _____

Grandparent Information (Paternal) _____

Address and Number: _____

Grandparent Information (Maternal) _____

Address and Phone Number: _____

Name of person authorized to pick up child: _____

Phone number: _____

Name of person to call in case of emergency: _____

Phone number: _____

Address: _____

Relation to child: _____

Name of pediatrician: _____

Phone number: _____

Health problems/ Allergies: _____

Medicare number: _____

I authorize the garderie to take whatever measures necessary for the health of my child.

PARENT'S SIGNATURE: _____

A \$100.00 registration fee is to accompany this form. Thank you