

Clearpoint SEED Program

SEED / LUNCH REGISTRATION FORM

2023-2024

| Student Identification | | | | | | | | |
|---|-------------------------|--|-------------------------------------|---|------------------|--|--|--|
| Last Name : | | | Date of B | | | | | |
| First Name : | | Sex : Permanent Code : | | | | | | |
| | | | ID Num | ber: | | | | |
| Please select the service required for | for 2023-2024 : | | ensure you do the following: | | | | | |
| Lunch Program | | ✓ Verify the information provided on this form. ✓ Make corrections (if needed) in the space provided. | | | | | | |
| SEED regular or sporadio | c user | | Please sign and date this form. | Space provided. | | | | |
| No service required | | ✓_ | Please return to the person in char | ge of the SEED/Lunc | h programs. | | | |
| | Pai | rents Identificat | ion | | | | | |
| Parent's last and first name : | | | Social insurance | e number (For income | e tax purposes): | | | |
| Student's Residence : Yes Parent's address ; | No Cor | ntact Priority | num man | I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable). | | | | |
| Telephone (home) | Telephone (work) | Cell | E-mail | | | | | |
| Parent's last and first name : | | | Social insurance | e number (For income | e tax purposes): | | | |
| Student's Residence : Yes No Parent's address : | | ntact Priority | num man | OR: I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable). | | | | |
| Telephone (home) | Telephone (work) | Cell | E-mail | | | | | |
| Guardian's last and first name : | | | Social insurance | e number (For income | e tax purposes): | | | |
| Student's Residence : Yes No Guardian's address : | | ntact Priority | num man | OR: I wish to withhold my social insurance number. I understand that this is mandatory information under provincial tax law (check box if applicable). | | | | |
| Telephone (home) | Telephone (work) | Cell | E-mail | | | | | |
| Person(s) authorized for pick | king up the child. | (For SEED students only) | | | | | | |
| Last name, first name Ac | ddress | Tel. Home | Tel. Work | Cell | Relationship | | | |
| | | | | | | | | |
| | | | | | | | | |
| Emergency Contact Informati | ion (other than parent) | | | | | | | |
| Last name, first name Ac | ddress | Tel. Home | Tel. Work | Cell | Relationship | | | |
| | | | | | | | | |
| | | | | | | | | |
| List family members also reg | gistered in SEED: | | | | | | | |
| | | | | | | | | |



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SEED / LUNCH REGISTRATION FORM

2023-2024

| Basic Reservation (Attendance at SEED or Lunch Program) Start date: | | oblem | Epip | en | Medication | | Comme | nts | | | | |
|--|--|--|--|---|--|--|---|---|---------------------|------------------------------|---------------|---|
| Basic Reservation (Attendance at SEED or Lunch Program) Start date : | ledical No | otes | | | | | | | | | | |
| Start date : Estimated time Getimated time Getima | icaicai iv | 7103 | | | | | | | | | | |
| Start date : Estimated time of departure : | | | | | | | | | | | | |
| Does the child's attendance vary per the custody arrangement? Yes No | Basic F | Reservation | (Attenda | ance a | at SEED | or Lunch P | rogram) | | | | | |
| Do you allow your child to leave the premises on their own? | | | |) | | | 1 1 | Will your child be a | attending Pedagog | gical Days? | | |
| Does the child's attendance vary per the custody arrangement? Yes | 2023-08-3 | 1 of | arrival: | | of depa | rture : | | Van Г |] No [] | | | |
| This centract is effective for the 2023-2024 achool year. For any contract changes in your reservation, please fill out the form: | 1 | | T | | - | | 0 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | - | _ |
| Do you wish to receive a separate statement of account (tather and moment?? The hold of the individuals need. Yes No No No No No No No N | | | Ves [| _ | | Do | oes the child's atte | | | | No | L |
| ** Important : Please indicate with a check mark all the periods for which your child will be present. Moming Daycare 07:00 à 07:50 Momday Tuesday Wednesday Thursday Friday Moming Daycare 07:00 à 07:50 Uunch 11:20 à 12:10 | | | 165 | | Do | you wish to receiv | | | | | No | |
| Morning Daycare 07:00 à 07:50 | | | No [| 7 | | | | | | | | |
| Morning Daycare 07:00 à 07:50 | | ** Important | · Please i | ndicat | e with a | check mark | all the periods | s for which v | our child will | he present | | |
| Morning Daycare 07:00 à 07:50 Lunch 11:20 à 12:10 After School Daycare 14:30 à 18:00 Do you allow your child to leave the premises on their own?Yes If Yes at what time? Please make sure you have a prior agreement with the SEED technician Important Information: This contract is effective for the 2023-2024 school year. For any contract changes in your reservation, please fill out the form: Change in Reservation Request (available on your school website or ask your SEED Technician) I agree to pay the fees associated with the service selected, please refer to the Rules & Regulations for School SEED & Lunch program service on your school website. I have read, understand, and agree to comply with the rules and regulations relating to the SEED/Lunch Program services on your school website. I declare that all information provided in this document is true and correct, as of this date. Should you require a hard copy, please contact the SEED Technician. This recation is reserved for SEED/Lunch program use. Confirmation of service: Lunch Sporadic | | Important | . Ficase i | IIdical | e with a v | | | | | | 1 | |
| Lunch | | | | | | Monday | Tuesday | vveuriesday | Tridisday | Filday | ł | |
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| service on your school website. I have read, understand, and agree to comply with the rules and regulations relating to the SEED/Lunch Program services on your school website. I declare that all information provided in this document is true and correct, as of this date. Should you require a hard copy, please contact the SEED Technician. I have read the above. | If Yes at w | vhat time?: ant Information | Please n | nake sur | e you have a | prior agreement | | | se fill out the for | m: | | |
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| Respondant's Signature Other Date PLEASE NOTE: tax receipts will be issued in the name of the person who pays the fees. This section is reserved for SEED/Lunch program use. Confirmation of service: Lunch Teacher's name: Student's homeroom: Class: School number and name: Sporadic | If Yes at w Import This co Chang I agree service I have i | ant Information ontract is effective ge in Reservation R to pay the fees as e on your school w read, understand, a | Please n n: for the 2023 Request (ava associated with rebsite. | -2024 so ilable or th the se | e you have a chool year. F n your schoo ervice select | or any contract of website or asl | changes in your i your SEED Tech to the Rules & Re | reservation, plea nnician) egulations for Sc | hool SEED & Lui | nch program | | |
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| This section is reserved for SEED/Lunch program use. Teacher's name: Student's homeroom: Class: School number and name: Confirmation of service: Lunch Sporadic | If Yes at w Import: This co Chang I agree service I have I your sc I decla Should | ant Information contract is effective the in Reservation R to pay the fees as the on your school we tread, understand, a thool website. The that all information the you require a hard the read the above. | Please n n: for the 2023 tequest (ava associated wit rebsite. and agree to tion provided d copy, pleas | -2024 so ilable or th the se comply d in this se conta | e you have a chool year. F n your school ervice select r with the ru document is act the SEEI | or any contract of website or ask ed, please refer les and regulations s true and corre | changes in your it your see to the Rules & Re | reservation, plead nician) egulations for Sc e SEED/Lunch Pr | hool SEED & Lui | nch program on | | |
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