



Edgewater SEED Program

SEED / LUNCH REGISTRATION FORM

2024-2025

Student Identification

Last Name : _____ Date of Birth : _____
 First Name : _____ Sex : _____
 Permanent Code : _____
 ID Number : _____

Please select the service required for 2024-2025 :

- Lunch Program
 SEED regular or sporadic user
 No service required

Please ensure you do the following :

- ☼ Verify the information provided on this form.
- ☼ Make corrections (if needed) in the space provided.
- ☼ Please sign and date this form.
- ☼ Please return to the person in charge of the SEED/Lunch programs.

Parents Identification

Parent's last and first name : _____ Social insurance number (For income tax purposes): _____
 Student's Residence : Yes No Contact Priority _____
 Parent's address : _____ 1 2 **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 _____

Parent's last and first name : _____ Social insurance number (For income tax purposes): _____
 Student's Residence : Yes No Contact Priority _____
 Parent's address : _____ 1 2 **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 number (For income tax purposes): _____
 Student's Residence : Yes No Contact Priority _____
 Guardian's address : _____ 1 2 **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 picking up the child. (For SEED students only)

Last name, first name	Address	Tel. Home	Tel. Work	Cell	Relationship

Emergency Contact Information (other than parent)

Last name, first name	Address	Tel. Home	Tel. Work	Cell	Relationship

List family members also registered in SEED:

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Medical Information.

Does your child have a health problem requiring special attention? Check one Yes _____ No _____

Description of Problem	Epipen	Medication	Comments
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____

Medical Notes

Basic Reservation (Attendance at SEED or Lunch Program)

Start date : 2024-08-29	Estimated time of arrival : _____	Estimated time of departure : _____	Will your child be attending Pedagogical Days? Yes <input type="checkbox"/> No <input type="checkbox"/>
If divorced or separated is there a custody arrangement?	Yes <input type="checkbox"/>	Does the child's attendance vary per the custody arrangement? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>- If yes, a calendar must be provided</i>	
	No <input type="checkbox"/>	Do you wish to receive a separate statement of account (father and mother)? The billing will be calculated according to the individuals' need. Yes <input type="checkbox"/> No <input type="checkbox"/>	

**** Important : Please indicate with a check mark all the periods for which your child will be present.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning program 07:00 à 09:00					
Lunch program 12:30 à 13:20					
After school program 15:40 à 18:00					

Do you allow your child to leave the premises on their own? ____ Yes ____ No
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 2024-2025 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.

I have read the above. _____

Signature _____ Father Mother 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.

Teacher's name : _____ Student's homeroom : _____ Class : _____ School number and name : _____

Confirmation of service :

- Lunch
 Sporadic
 Regular

Registration received by : _____ Date: _____