Lester B. Pearson School Board
1925 Brookdale Avenue
Dorval (Quebec)
H9P 2Y7
Commission scolaire Lester-B.-Pearson

Edgewater SEED Program

SEED / LUNCH REGISTRATION FORM

2025-2026

Student Identification

Last Name :

First Name :

Date of Birth :
Sex :
Permanent Code :
ID Number :

Please select the service required for 2025-2026 :

- ☐ 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 SEED Technician

Parents Identification

Parent's last and first name :

Student's Residence : Yes ☐ No ☐

Parent's address :

Contact Priority 1 ☐ 2 ☐

Social insurance number (For income tax purposes):

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 :

Student's Residence : Yes ☐ No ☐

Parent's address :

Contact Priority 1 ☐ 2 ☐

Social insurance number (For income tax purposes):

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 :

Student's Residence : Yes ☐ No ☐

Guardian's address :

Contact Priority 1 ☐ 2 ☐

Social insurance number (For income tax purposes):

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
_____	☐	_____	_____
_____	☐	_____	_____

Medical Notes

_____

_____

Basic Reservation (Attendance at SEED or Lunch Program)

Start date : 2025-08-29 _____

Estimated time of arrival : _____

Estimated time of departure : _____

Will your child be attending Pedagogical Days?

Yes ☐ No ☐

If divorced or separated is there a custody arrangement?

Yes ☐

No ☐

Does the child's attendance vary per the custody arrangement? Yes ☐ No ☐
– If yes, a calendar must be provided

Do you wish to receive a separate statement of account (father and mother)? The billing will be calculated according to the individuals' need. Yes ☐ No ☐

*** 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 2025-2026 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.** _____

☐ Father
☐ Mother
☐ Other

_____ Signature _____ _____ 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: _____