

## **Springdale SEED Program**

## SEED / LUNCH REGISTRATION FORM

2024-2025

Last name, first name Address Tel. Home Tel. Work Cell Relationship  Emergency Contact Information (other than parent)	Student Identification	
Please ensure you do the foliquing.  Please ensure you do the foliquing.  Verify the information provided on this form.  Verify the information incher provided on this form.  Verify the information provided on this form.  Verify the information incher provided insurance number (For income tax purposes):  Student's Residence: Yes   No   Contact Priority  Telephone (home) Telephone (work) Cell E-mail  Guardian's address:  Contact Priority  Telephone (home) Telephone (work) Cell E-mail  Ferson(s) authorized for picking up the child.  (For SEED students only)  Emergency Contact Information (other than parent)	Last Name ;	
Please elect the service required for 2024-2025:    Lunch Program	First Name	
Lunch Program		
SEED regular or eporadic user	14.0   Paris (19.1 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	Please ensure you do the following :
Parents iast and first name: Social insurance number (For income tax purposes): Student's Residence: Yes No Contact Priority Parent's last and first name: Social insurance number (For income tax purposes): Student's Residence: Yes No Contact Priority 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 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 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 Telephone (home) Telephone (work) Cell E-mail  Guardian's Residence: Yes No Contact Priority Telephone (home) Telephone (work) Telephone (work) Telephone (work) Telephone (work) Telephone (work) Telephone (home) Telephone (work)	Lunch Program	1881 4 ACCENTED THE PROPERTY OF SECURITIONS AND SECURITION OF SECURITION
Please return to the person in charge of the SEED/Lunch programs.   Parent's last and first name :   Social insurance number (For income tax purposes):	SEED regular or sporadic user	
Parent's last and first name : Student's Residence : Yes	No service required	
Student's Residence: Yes No Contact Priority Parent's address:		Parents Identification
Parent's address:    1	Parent's last and first name :	Social insurance number (For income tax purposes):
Parent's address:    Cell   E-mail	Student's Residence : Yes No	Contact Priority
mandatory information under provincial tax law (check box if applicable).  Telephone (home)  Telephone (work)  Cell  E-mail  Parent's lest and first name:  Student's Residence: Yes	Parent's address :: 1	OR:   I Wish to withhold thy social historatice
Telephone (home)  Telephone (work)  Cell  E-mail  Parent's last and first name: Student's Residence: Yes   No		mandatory information under provincial
Parent's last and first name: Student's Residence: Yes No Contact Priority Parent's address:    Telephone (home)   Telephone (work)   Cell   E-mail	Telephone (home) Telephone (work)	
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Parent's address:    1		• • • • • • • • • • • • • • • • • • • •
Telephone (home)  Telephone (work)  Cell  E-mail  Guardian's last and first name:  Student's Residence: Yes No Contact Priority  Guardian's address:  Telephone (home)  Telephone (work)  Contact Priority  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  Relationship  Emergency Contact Information (other than parent)		
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:  Telephone (home)  Telephone (work)  Cell  E-mail  Telephone (home)  Telephone (work)  Telephone (work)  Cell  E-mail  Telephone (home)  Telephone (work)	raients audiess .	number. I understand that this is
Guardian's last and first name:  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)		
Student's Residence: Yes No Contact Priority  Guardian's address:  Telephone (home)  Telephone (work)  Cell  E-mail  Telephone (work)  Cell  Fermail  Telephone (work)  Cell  Fermail  Cell  Fermail  Cell  Fermail  Telephone (work)	Telephone (home) Telephone (work)	Cell E-mail
Student's Residence: Yes No Contact Priority  Guardian's address:  Telephone (home)  Telephone (work)  Cell  E-mail  Telephone (work)  Cell  Fermail  Telephone (work)  Cell  Fermail  Cell  Fermail  Cell  Fermail  Telephone (work)		7
Student's Residence : Yes No Contact Priority  Guardian's address:  Telephone (home)  Telephone (work)  Telephone (work)  Telephone (work)  Cell  E-mail  Ger SEED students only  Last name, first name  Address  Tel. Home  Tel. Work  Cell  Relationship  Emergency Contact Information (other than parent)	Guardian's last and first name :	Social insurance number (For income tax purposes):
Telephone (home)  Telephone (work)  Cell  E-mail  Person(s) authorized for picking up the child.  Last name, first name  Address  Tel. Home  Tel. Work  Cell  Relationship  Emergency Contact Information (other than parent)	Student's Residence : Yes No	
Telephone (home)  Telephone (work)  Cell  E-mail  Person(s) authorized for picking up the child.  Last name, first name  Address  Tel. Home  Tel. Work  Cell  Relationship  Emergency Contact Information (other than parent)	Guardian's address	UK; [ ] Wish to withhold my social histratice
Telephone (home)  Telephone (work)  Cell  E-mail  Person(s) authorized for picking up the child.  Last name, first name  Address  Tel. Home  Tel. Work  Cell  Relationship  Emergency Contact Information (other than parent)		mandatory information under provincial
Person(s) authorized for picking up the child.  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  Emergency Contact Information (other than parent)	Telephone (home) Telephone (work)	Cell E-mail
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Emergency Contact Information (other than parent)	Person(s) authorized for picking up the child.	(For SEED students only)
	Last name, first name Address	Tel. Home Tel. Work Cell Relationship
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:	List family members also registered in SEED:	



## Springdale SEED Program

## SEED / LUNCH REGISTRATION FORM

2024-2025

Description of Problem		Epipen			comments		No	
edical Not	tes							91
Basic Ro	eservation	(Attendance	at SEED or Lunch P	rogram)				
Start date : 2024-08-29		stimated time arrival :	Estimated time of departure :		Will your child be a	attending Pedago	gical Days?	
vorced or sep nere a custody	parated y arrangement?	Yes	Do you wish to re	ceive a separate	endance vary per th  - If yes, a  statement of according	calendar must be p unt (father and mo	pther)?	No No
		No						_
	** Important :	: Please indicat	te with a check mark a	II the period	is for which ye	our child will	be present.	
		Maria de	Monday	Tuesday	Wednesday	Thursday	Friday	
Ĭ	AM Period	07:00 à 09:	00					
	Lunch	12:45 à 13:	35					
L	Afterschool	15:40 à 18:	.00					
Importar  This con Change I agree to service c I have rec your sch I declare Should y	w your child to learnat time?  Int Information  Itract is effective in Reservation Ropay the fees as on your school wad, understand, a lool website.	ve the premises on t Please make su 1: for the 2024-2025 s equest (available o sociated with the s rebsite. and agree to compli	heir own?YesN re you have a prior agreemen chool year. For any contract n your school website or as ervice selected, please refe v with the rules and requiati document is true and corre lact the SEED Technician.	t with the SEED t changes in you k your SEED Te r to the Rules & ons relating to	ur reservation, ple echnician) Regulations for S the SEED/Lunch F ate.	School SEED & L	unch program	
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