



# Springdale 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  
 1  2

Parent's address : \_\_\_\_\_

**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  
 1  2

Parent's address : \_\_\_\_\_

**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  
 1  2

Guardian's address : \_\_\_\_\_

**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)? Yes <input type="checkbox"/> No <input type="checkbox"/> 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
AM Period	07:00 à 09:00					
Lunch	12:45 à 13:35					
Afterschool	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. \_\_\_\_\_

_____	<input type="checkbox"/> Father	_____
_____	<input type="checkbox"/> Mother	_____
_____	<input type="checkbox"/> 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: \_\_\_\_\_