School of Synergy

REGISTRATION FORM

Preschool -Primary

School year: 2026-2027

T. 514-484-8845 F. 514 484-2270

CYCLE :

	1st cycle	2nd cycle	3rd cycle
○ Preschool 4 years	◉ 1st grade	○ 3rd grade	○ 5th grade
○ Preschool 5 years	○ 2nd grade	○ 4th grade	○ 6th grade

STUDENT INFORMATION

Last name : ..... First name : .....

Date of birth : ..... Sex : ◉ Boy ○ Girl

Address : ..... City : .....

Postal code : ..... Phone : .....

Health card number : ..... Expiration (yyyy/mm) : ..... / .....

Permanent code : .....

Mother tongue of your child (tick only one box) : ◉ French ○ English ○ Other : .....

Language(s) spoken at home : : ○ French ○ English ○ Other : .....

Place of birth of your child (city and country) : .....

What school is your child currently attending ? .....

INFORMATION PARENT OR GUARDIAN

PARENT 1

◉ Father ○ Mother ○ Guardian

Last name : .....

First name : .....

Address : ☐ Same as child

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

E-mail : .....

Occupation : .....

Country of birth : .....

PARENT 2

○ Father ○ Mother ○ Guardian

Last name : .....

First name : .....

Address : ☐ Same as child

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

E-mail : .....

Occupation : .....

Country of birth : .....

Child resides with : ◉ Parents 1 and 2 ○ Parent 1 ○ Parent 2 ○ Shared custody ○ Guardian

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PERSON(S) TO CONTACT IN CASE OF EMERGENCY (OTHER THAN THE PARENTS) :

CONTACT 1 IN CASE OF EMERGENCY

Last name : .....

First name : .....

Address : .....

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

Relationship to child : .....

CONTACT 2 IN CASE OF EMERGENCY

Last name : . .....

First name : .....

Address : .....

.....

City : ..... Postal code : .....

Home phone : .....

Cellular phone : .....

Work phone : .....

Relationship to child : .....

FURTHER INFORMATION :

Has your child ever seen a health or education specialist ?

☒ Yes ☐ No

REGISTRATION FEES :

Your registration will be only valid after receiving your 200 dollars payment (non-refundable)
The admission depends on the evaluation of your child by the school administration.
as well as the availability of the places.

Payment terms are:

1) Interact transfer to: paiment@esynergie.ca
2) In person by debit, cash or check (make your check payable to : « École de la Synergie »).

Signature : ..... **Date :** .....

◉ Father ○ Mother ○ Guardian

Please note that the information sent by the school to the Ministry of Education may be subject to verification by the Director of Civil Status.

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HEALTH INFORMATION :

GENERAL STATE OF HEALTH

What does your child suffer from ?

	Yes	No	Specify (symptoms, reactions, treatments, etc.)
Asthma	◉	○	.....
Allergies	◉	○	.....
Physical handicap	◉	○	.....
Heart troubles	◉	○	.....
Epilepsy	◉	○	.....
Haemophila	◉	○	.....
Diabetes	◉	○	.....
Vision	◉	○	.....
Hearing	◉	○	.....
Langage	◉	○	.....
Other	◉	○	.....

ALLERGIES :

Does your child have allergies ?

	Yes	No	Specify (symptoms, reactions, treatments, etc.)
Aliments	◉	○	.....
Medications	◉	○	.....
Other	◉	○	.....

OTHER :

Are there any particular difficulties, constraints or restrictions concerning your child's health or behavior that you would like to inform us?

◉ Yes ○ No

.....

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PERMISSIONS :

IN CASE OF AN EMERGENCY

I authorize the school staff to make the necessary arrangements for the health and safety of my child :

Yes ◉ No ○

OUTINGS AND ACTIVITIES

I consent to my child participating in recreational and educational outings.

Yes ◉ No ○

PHOTOS

I authorize the taking and posting of photos of my child as part of field trips,

school or extracurricular activities, class projects, etc.

Yes ◉ No ○

Your consents are valid for the duration of your registration at our school.

Signature : ..... **Date :** .....

◉ Father ○ Mother ○ Guardian

For any additional information, please contact the school administration.