



EAST HILL DAYCARE

Student's Name:

Mother's Name:

Father's Name:

	Home #	Cell #	Work #
Mother's phone #			
Father's phone #			

☐ My child **will be** needing daycare for the 2026-27 school year.

Please check below the days requested for Daycare:

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

☐ My child **will not be** needing daycare for the 2026-27 school year.



Commission scolaire English-Montréal
English Montreal School Board