

# I M P Ô T M A R T I N E Z

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## RELEVÉ 24

### Daycare responsible

Daycare's name : \_\_\_\_\_

Name of the daycare's responsible : \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Social insurance number or NEQ: \_\_\_\_\_

### Child's information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth (day/month/year): \_\_\_\_\_

Name of the payer: \_\_\_\_\_

Address of the payer: \_\_\_\_\_

Social insurance number of the payer: \_\_\_\_\_

How many days the child was at daycare: \_\_\_\_\_

Total payed during the year: \_\_\_\_\_

\* \* \* **You must fill one form per child that frequents your daycare.** \* \* \*