

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. * * *