

# Registration Form 2020-2021

Centre de ressources  
pour les familles  
des militaires  
Région de Montréal



Military Family  
Resource  
Centre  
Montreal Region

All personal information provided will be used in the event of an incident in order to ensure the safety of the users within the center. In addition, this information allows the MFRC to keep a profile of the users of the services offered at the MFRC. As well as to inform the family about the activities offered and to request their participation for the planning and the evaluation of the services.

## Child Information

Last name :	First name :
Adress :	Postal code :
City :	
Date of birth : (DD/MM/YYYY) :	
Parent's email address:	
Mother tongue:	Spoken languages:

I understand that by not entering my email address I will not receive the relevant information from the Montreal MFRC. I agree to collect the information on the Facebook page or on the CAFconnection.ca website.

## Emergency - In case of an emergency, we must reach (cell number if possible).

Name of 1 <sup>st</sup> parent:	Telephone # 1:	Telephone # 2:
Name of 2 <sup>nd</sup> parent:	Telephone # 1:	Telephone # 2:
Name of a 3 <sup>rd</sup> person:	Telephone # 1:	Telephone # 2:
Relationship with the child:		

## Persons authorized to pick up your child (other than the parents)

Name:	Telephone #1 :	Telephone #2 :
Relationship with the child:		
Nom:	Téléphone #1 :	Téléphone #2 :
Relationship with the child:		
Is your child allowed to leave the MFRC alone?	Yes	No
If yes, at what time :		

## Medical information

Name:
Relationship with the child:
Service number:
Please select the military class: <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran released for medical reasons

## Informations médicales

Health insurance number:	Expiration :
Does your child suffer from allergies (food, animals, drugs, others)?	Yes No
If yes, specify:	
Does your child have an adrenaline dose (Epipen, Ana-kit, Twinject, Allerject) available to him because of his allergies? Yes No	
To sign if your child has a dose of adrenaline I hereby authorize the staff of the Montreal MFRC to administer, in an emergency, the dose of adrenaline to my child.	
Signature: _____ Date: _____	
Does your child suffer from ailments and / or diseases (asthma, diabetes, epilepsy, migraine, other)?	Yes No
If yes, specify:	
Does your child have special needs? (Language impairment, hyperactivity, ADHD, opposition, etc.)	yes no
If yes, specify:	

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I have read the 0-17 years policy of the Montreal MFRC available on the portal in the youth section YES  NO  (coming in July 2020)

Do you give us permission to use photos and videos of your child that may be taken during activities for the purpose of promoting MFRC services?

Authorization for taking photos and videos YES  NO

I authorize my child to go out outside the Loft in the presence of the Loft's animators (park, water games, walk, etc.) YES  NO

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Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

