

# Registration Form Youth connect



*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 :
Address :	Postal code :
City :	Cell phone number for child aged 9-17 (if applicable):
Date of birth :	
E-mail address of child (for app connection ID):	
Parent's email address:	
Mother tongue:	Spoken languages:
6 digits number for ID password	

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:		

**Military information**

Name:
Relationship with the child:
Service number (3 last digit):
Please select the military class: <input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran or released for medical reasons. date:

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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?

YES  NO

I have read the consent document, attached to the portal, and I authorize the MFRC to compile activity attendance statistics as well as contacts with my family members in the Penelope software.

YES  NO

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

Please return your completed, **secure form**