



**CLIENT REGISTRATION for all dates between September 1 2024 and August 31 2025**

This form must be filled out and is required as part of your yearly application for any services taken such as Adult Ed, Camp, recreational activities, Respite, mental health service, Therapies, etc. Please include your child's evaluations or assessment only if you need Speech or Occupational Therapy as this information is essential for the therapist to use & to be able to provide any services to your child.

**Being that we are a Non-Profit Organization, your participation in fundraising would be greatly appreciated, so to support any of the services that your child may take.**

Client's Legal Surname: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_

Please check the correct diagnosis below:

Autism Spectrum Disorder \_\_\_\_\_

Global Developmental Delay \_\_\_\_\_

Intellectual Disability \_\_\_\_\_

Multi-Handicapped \_\_\_\_\_

Physical Disability \_\_\_\_\_

Speech Impairment (without any other disability) \_\_\_\_\_

Other Disability \_\_\_\_\_

CLSC : \_\_\_\_\_

Mother's full name: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal code: \_\_\_\_\_ please use format xxx-xxx

Email: \_\_\_\_\_

Tel: (No. Home): \_\_\_\_\_

(Work No.) \_\_\_\_\_ (Cell): \_\_\_\_\_

Father's surname: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_ please use format xxx-xxx

Email: \_\_\_\_\_

Tel: (No. Home) : \_\_\_\_\_

(Work No.) \_\_\_\_\_ (Cell): \_\_\_\_\_

**If your child is living in a Group Home, please indicate the address**

Contact Person: \_\_\_\_\_

Tel. : \_\_\_\_\_

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

City: \_\_\_\_\_

Postal code: \_\_\_\_\_ please use format xxx-xxx

Please indicate the service needed for the client:

Friday (Day)

Friday (Night)

Saturday (Day)

Therapy

Occupational Therapy

Speech Therapy

\*\*\*Please take note that a few of our therapists will be offering their services only during the weekday. Due to the great demand for services on Saturdays, we may not be able to accommodate everyone's request. Consequently, it has been decided that **children who are not in school or attend preschool will be assigned to a weekday session**. Children who attend school are also welcomed to register for a weekday session. We appreciate your understanding. \*\*\*

**Recreational activities : (Please indicate)**

Community Outings - ages 14 years old & older (Friday Evening Only) \_\_\_\_\_

Social Zooming \_\_\_\_\_

***Mental health services:***

Individual Counselling \_\_\_\_\_

Family Counselling \_\_\_\_\_

Group Counselling \_\_\_\_\_

***Adult Education :***

WagarAdult Education (EMSB) Montreal-north \_\_\_\_\_

CDH Adult Day Program (Ahunstic) \_\_\_\_\_

Respite \_\_\_\_\_

Summer Camp \_\_\_\_\_

PHOTOGRAPH / VIDEO RELEASE AUTHORIZATION applying to any service your child may be using with us (occupational, speech and recreational activities, mental health services, adult education, respite, summer camp, etc.)

Do you authorize Center of Dreams & Hopes / CDH Foundation and any of our partners (REISA, EMSB, WAGER ADULT CENTER, MCGILL UNIVERSITY ETC.) to photograph / videotape your child and that you understand that these photos / videos will be used for internal and or promotional use (web site) by Center of Dreams & Hopes, CDH Foundation and our partners mentioned above and that said photos / videos may be posted.

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\*Please note that paying for your yearly registration doesn't guarantee you any of the services, but gives you access to receive all emails & information pertaining to CDH & Foundation. \*\*\***

Signature (Parent or Guardian) : \_\_\_\_\_ if password requested use cdh2023

Date of Application : \_\_\_\_\_

A fee of 50\$ a year is collected to maintain your membership with CDH. This allows you to have access to services, meetings, programs and upcoming fundraising events. It is important that you pay your fee every year.

Here are ways to pay:

- By check, bring or mail in your check to 12550, boul.Lacordaire,Montréal-nord, Qc, H1G-4L8.
- By e-transfer, use the email cdh@bellnet.ca, please make sure to write your child/clients name

**Save copy to your Desktop and send by Email to CDH**

Submit and send button only if using  
Adobe Acrobat Reader

12550 boul. Lacordaire, Montréal Nord, QC, H1G 4L8 - Tél : 514-327-6667 - Fax : 514-327-4888  
9825 rue. Verville, Ahunstic, QC, H3L 3E1 -Tel :514-789-0792