



CLIENT REGISTRATION 2024–2025 (Valid September 1 to August 31)

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 maiden surname: _____

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, Ahunatic, QC, H3L 3E1 -Tel :514-789-0792