

# Family Information Form

Complete and return **PRIOR** to registration.

This is **NOT** a registration form.

Please complete this form if:

- ☛ You have never registered for any programs at the City of Pointe-Claire.
- ☛ You are an existing client but there have been changes to your family information (e.g.: new address, new participant...)

Customer service representatives will create your family account and send you your **Client Number(s)**. Please keep a record your client numbers as they will be used for registration purposes. The client number will help ease our registration process.

Drop off or Mail to:	Fax to:
Malcolm-Knox Aquatic Centre 98 Douglas-Shand Pointe-Claire, QC H9R 2A8 Attn: Registration Dept.	<b>514-630-1265</b> <b>Fax Alert:</b> sending personal information by fax is not a secure means of transmission. It is recommended you complete and return the form by regular mail.

Primary Contact – Parent information					New Client <input type="checkbox"/>		Client Code (if available)	
					Existing Client <input type="checkbox"/>			
Last Name				First Name				
Street # and Name			Apt.	City		Province		Postal Code
Birth date YY      MM      DD			<input type="checkbox"/> M <input type="checkbox"/> F		Language Preference <input type="checkbox"/> English <input type="checkbox"/> French			
Home Telephone (      )			E-mail address					

1 <sup>st</sup> Child - Information					New Client <input type="checkbox"/>		Client Code (if available)	
					Existing Client <input type="checkbox"/>			
Last Name				First Name				
Birth date YY      MM      DD			<input type="checkbox"/> M <input type="checkbox"/> F					

2 <sup>nd</sup> Child - Information					New Client <input type="checkbox"/>		Client Code (if available)	
					Existing Client <input type="checkbox"/>			
Last Name				First Name				
Birth date YY      MM      DD			<input type="checkbox"/> M <input type="checkbox"/> F					

3 <sup>rd</sup> Child - Information					New Client <input type="checkbox"/>		Client Code (if available)	
					Existing Client <input type="checkbox"/>			
Last Name				First Name				
Birth date YY      MM      DD			<input type="checkbox"/> M <input type="checkbox"/> F					