



Centraide
Outaouais
Nous tous, ici

No. of registration _____

REGISTRATION FORM – Back to school program 2017



1. Applicant (Parent or tutor)

Name	
Surname	
Address	
Telephone number	



2. Are you planning to move after the July 1st, 2017 ?

If so, please give us your new address :

Address	
Telephone number	



3. Family identification

Number of adults at home: _____ Number of children at home : _____

Are you a single-parent family ? YES _____ NO _____

La Maison de l'Amitié de Hull



Name of the child	Surname of the child	Age	M/F	L/R	School grade in sept. 2017	School



4. Source of income

Social assistance Low income Other: _____
 Unemployment benefits Aucun revenu



5. School bag

Do you need a school bag? If so how many? _____



Applicant's signature

Date



Person in charge of registration:

Date:



Appointment

Date of the appointment: _____

Time of the appointment: _____

Date of the appointment confirmation: _____

Initials of person in charge: _____

NO. of registration : _____