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Contact Information

The following information is used to open a psychological file for a child under the age of 18. Please be prepared to show ID.

Name of Child _____ Date of Birth _____
(d/m/y)

Place of Birth: _____ Language(s) _____

Date of Arrival to Canada _____ (d/m/y)

Legal Guardian

Name _____ Date of Birth _____
(d/m/y)

Place of Birth: _____ Language(s) _____

Home Address _____
Street City Province Postal Code

Home Phone _____ Cell Phone _____

Place of Employment _____ Position _____

Legal Guardian

Name _____ Date of Birth _____
(d/m/y)

Place of Birth: _____ Language(s) _____

Home Address _____
Street City Province Postal Code

Home Phone _____ Cell Phone _____

Place of Employment _____ Position _____

Would you like your report sent to you by secure email? Yes No Email: _____

Signature _____ Date: _____

Signature _____ Date: _____