



## DREAMS TAKE FLIGHT - Montreal CHILD PRE-SELECTION FORM November 4, 2026

Please Print

**TO BE COMPLETED BY PARENT/GUARDIAN**

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Date of Birth      \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  YYYY      MM      DD

Sex: M \_\_\_\_      F \_\_\_\_

Child Speaks:      English \_\_\_\_      French \_\_\_\_      Other \_\_\_\_\_

Name of the Agency/Hospital : **CFB Bagotville**

In your own words, please provide us with a brief description as to **why this child deserves to come on this year's Dreams Take Flight:**

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Please explain to us briefly your child's daily or recent challenges (**mental, physical, behavioral and/or family condition, etc**) or accomplishments that would help us better understand his reality.

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