

# VOYAGE DE RÊVES

## CHILD INFORMATION – Registration - Montreal

To be completed with the parent / legal guardian of the child

### CHILD INFORMATION

Organization/Hospital:

Last Name (*commonly used*):

First Name (*commonly used*):

Date of Birth:  /  /  (yyyy/mm/dd)

Sex: Male  Female  Non binary

Child speaks: English  French  Both

### CHILD TRAVEL DOCUMENTATION

I understand that my child can be photographed and that Dreams Take Flight can use these photos/videos on its website, on social media and any promotional material as well as by agencies, in reporting the flight in print, on-air, or electronic media.

Medicare Card Number:

Card Expiry Date:   (yyyy/mm/dd)

Citizenship:

LastName:

(As per Birth Certificate or Passport)

First Name:

#### If child is born in Canada

Canadian Birth Certificate Number:

(Registration Number and not the Document Number)

Province:

#### If child is not born in Canada

Canadian citizenship is mandatory (cannot be a Landed Immigrant or Permanent Resident)

Canadian Passport Number:

Place of issue:

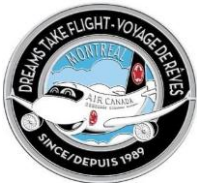
Expiry Date:  /  /  (yyyy/mm/dd)

**OR** Canadian Citizenship Number:

**OR** Certificate of Indian Status:

State:





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### CHILD MEDICAL HISTORY (CONTINUATION)

Does your child use any othe special devices?

Yes  No

If **Yes**, please specify:

Does your child require a special diet or have allergies to any food?

Yes  No

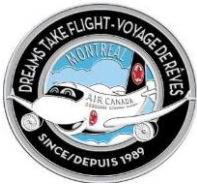
If **Yes**, please specify:

Is your child able to participate and cooperate in a small group  
(maximum 8 children) for a very busy day?

Yes  No

If **No**, please explain:

Please include any additional information about your child that may be relevant to travel:



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### CHILD IDENTIFYING FEATURES

Distinguishing Marks:

Hair Colour:

Eye Colour:

Height:   Inches  Centimeters

Weight:   Pounds  Kilograms

Shoe size:   Adult  Child

Short sizes: (indicate adult or child size)

Child:  XS  S  M  L

Adult:  XS  S  M  L

T-Shirt sizes: (indicate adult or child size)

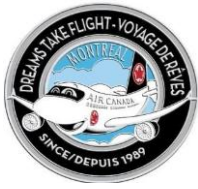
Child:  XS  S  M  L

Adult:  XS  S  M  L

Is it absolutely necessary for your child to be in the same group as their brother/sister?  
-> *this may restrict your child from going on some of the rides.*

Yes  No

If Yes, please specify:



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### CONTACT INFORMATION

#### RESPONSIBLE FOR THE CHILD

Full Name:

Relationship to Child: Father  Mother  Other  Specify:

Phone Number / Home:  -  -

Portable Number:  -  -

Phone Number / Work:  -  -  Extension:

Email Address:

Address:

City:  Province:

Postal Code:

#### OTHER CHILD RESPONSIBLE

Full Name:

Relationship with Child: Father  Mother  Other  Specify:

Phone Number / Home:  -  -

Portable Number: Phone  -  -

Number / Work:  -  -  Extension:

Email Address:

Address:

City:  Province:

Postal Code:

Completed by (Full Name of parent/legal guardian) :

Name of Organization's representative: