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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: \_\_\_\_\_