



FONDATION  
RESSOURCES  
POUR LES  
ENFANTS  
DIABÉTIQUES

BE PART OF A  
LARGE FAMILY  
  
MEMBRSHIP  
FORM

Since 1974, **Fred**, the Diabetic Children's Foundation supports, advises and informs children, teenagers and their families when a type 1 diabetes diagnostic occurs. Become a member, free of charge and without obligation, complete and return this registration form to **Fred**. You will receive invitations to our events and social activities, newsletters, information of Camp Carowanis, as well as more pertinent information about diabetes Type 1. Be part of a large family, which includes thousands of members, including more than 4,000 families of young insulin-dependent diabetics in Quebec.

## 1. GENERAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mr. or Ms.: \_\_\_\_\_ Profession: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail 2: \_\_\_\_\_  
I am:  Diabetic child's parent  Diabetic child's legal guardian  Friend  Volunteer  
 Former camper  Diabetic child's family member  Other, specify: \_\_\_\_\_

I would like to receive a phone call from a parent who has also a diabetic child or from **Fred** Yes  No

## 2. OTHER PARENT'S INFORMATION – Please fill out if you are the diabetic child's parent or legal guardian.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mr. or Ms.: \_\_\_\_\_ Profession: \_\_\_\_\_ Company: \_\_\_\_\_  
Address (if different than the one above): \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

## 3. CHILD'S INFORMATION – Please fill out if you are the diabetic child's parent or legal guardian.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Gender:  F  M Date of birth (YYYY-MM-DD): \_\_\_\_\_ Date of diabetes onset: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_  
Spoken language(s):  English  French  Other, specify: \_\_\_\_\_  
Home:  With both parents  Shared parenting  With father  With mother

## 4. DECLARATION

CONFIDENTIALITY CLAUSE – The Diabetic Children's Foundation guarantees that all personal information will not be communicated without the consent of the person concerned. The information will be available only to designated people, employees and members of the Parent's Committee who signed the commitment document *Protection of personal information*. The person to whom the information relates may have access at all time to his or her file, according to the right to the protection of personal information as stipulated in the *Act respecting access to documents held by public bodies and the protection of personal information*.

Sign in \_\_\_\_\_ on \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form at

**Fred**, The Diabetic Children's Foundation  
6855, De l'Épée Street, suite 302  
Montreal (Qc), H3N 2C7  
Email: [info@diabetes-children.ca](mailto:info@diabetes-children.ca)