



72 Orchard Drive, Belleville, ON K8P 2K7
 Phone: 613.967.0545 Fax: 613.968.3998
 Email: info@swa-qch.com

Registration

Please note: Information provided on this form is protected as confidential information.

Date: _____

Client Information YYYY MM DD

Full Name: _____ **D.O.B.:** _____
 (please print) YYYY MM DD

Home Address: _____

City: _____ **Prov:** _____ **Postal Code:** _____

Email Address: _____

Phone: _____ **Home:** _____ **Cell:** _____

Family Physician: _____ **Referred by:** _____

Person to Contact in Emergency: _____ **Phone#:** _____

PARENTS/GUARDEN (if child is under 18)

Name of Guardain 1: _____

Name of Guardian 2: _____

Home Address: _____ **Home Phone:** _____
 (If Different from above)

Work Phone: _____

Email Address _____

Email Address _____

Name: _____
 (Please Print)

Signature: _____ **Date:** _____