



DREAMS TAKE FLIGHT - Montreal CHILD PRE-SELECTION FORM November 6th, 2019

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:**

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.
