



**KMFRC** | **CRFMK**

Kingston Military  
Family Resource Centre

Centre de ressources pour les  
familles des militaires de Kingston

## Home Alone Program Registration

**Please select preferred course**

<b>Date of Course</b>	<b>May 30, 2026</b>	
	<b>August 14, 2026</b>	
	<b>November 7, 2026</b>	
	<b>February 27, 2027</b>	

### Participant Information

Participant's name: \_\_\_\_\_

Participant date of birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Allergies and/or prevalent medical condition Facilitators need to be aware of:

---

---

---

Accommodations and additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Legal Guardian's name: \_\_\_\_\_

Parent / Legal Guardian's phone number: \_\_\_\_\_

Parent / Legal Guardian e-mail address: \_\_\_\_\_

Name of person picking up participant: \_\_\_\_\_

**\*\*\*All participants will need to be signed in by an adult and signed out by the adult identified on the registration form. \*\*\***

CAF Family

Veteran Family

Civilian Family

### Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



**KMFRC** | **CRFMK**

Kingston Military  
Family Resource Centre

Centre de ressources pour les  
familles des militaires de Kingston

### **IMPORTANT INFORMATION**

- Parents/legal guardians are responsible to organize pick up of their child at the end of the scheduled course; the KMFRC is not able to provide child supervision beyond the course for which children are registered. **Initials:** \_\_\_\_\_
- The KMFRC is not responsible for personal belongings of participants or administering medications. **Initials:** \_\_\_\_\_
- Respectful behaviour is expected throughout the duration of the course.  
**Initials:** \_\_\_\_\_
- Kidproof Safety clearly states that the At Home Alone program is not a license to allow children to be left at home alone. The At Home Alone program is a participatory program and should not be delivered to make parents feel that their children now have permission to be left at home alone. There is no license to leave children at home alone. **Initials:** \_\_\_\_\_
- The At Home Alone program teaches skills necessary to keep children safe while home alone. It is recommended that you seek out a complete First Aid course as an additional training to support your child's ability to remain safe while home alone. **Initials:** \_\_\_\_\_

*I understand that the At Home Alone program provides skills and knowledge to keep children safe while at home alone, and that my child and I will both agree as to when they will be ready to stay at home alone.*

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

---

**Office Use Only:**

**Registration fee received:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Receipt#** \_\_\_\_\_

**Consent form for participant received:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Case I.D#** \_\_\_\_\_