



KMFRC
Kingston Military
Family Resource Centre

CRFMK

Centre de ressources pour les
familles des militaires de Kingston

Home Alone Program Registration

Please select preferred course

Date of Course	May 30, 2026	
	August 14, 2026	
	November 7, 2026	
	February 27, 2027	

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: _____



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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# _____