



## REGISTRATION/UPDATE FORM 2017

Please note that an annual review is needed to update ages, etc.

Recipients can be served from only one Distribution Centre. If you need to change centres, be sure to notify your Distributor so that your Registration can be transferred.

Location of Centre: Nobleton \_\_\_ King City \_\_\_ Kettleby\_\_\_ Special \_\_\_

**Only the named registrant will be given food boxes and/or cards.**

Name\_\_\_\_\_ email address\_\_\_\_\_

Street Address\_\_\_\_\_ Town & Code\_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone\_\_\_\_\_ Which is preferred?\_\_\_\_\_

**We may need to contact you from time to time. How? Phone? \_\_\_ Email? \_\_\_**

**Household status** How many people in your household? Total Number = \_\_\_\_\_

Are there significant dietary needs? Yes\_\_\_\_\_ No\_\_\_\_\_

### Names and current age of all household members being registered with Food Bank

Name	Age	M/F	Name	Age	M/F
1_____	_____	_____	5_____	_____	_____
2_____	_____	_____	6_____	_____	_____
3_____	_____	_____	7_____	_____	_____
4_____	_____	_____	8_____	_____	_____

Number of dogs\_\_\_\_\_ Number of cats\_\_\_\_\_ We offer dry pet food only.

**Please remember to always check the condition of foods before consuming. We are happy to replace anything that has inadvertently missed our inspection. Information regarding individuals is protected so that registrants and families will not be identified.**

**NOTIFICATION OF NON-ATTENDANCE is needed to avoid de-registration.**

**The above information gives complete and true information for this registration unit. I have read and understand the policies of KTFB as they apply to registrants.**

**Signature of Applicant**

**Signature of Food Bank Representative**

\_\_\_\_\_

\_\_\_\_\_

Date\_\_\_\_\_

Print FBR Name: \_\_\_\_\_

**Proof of residency document**\_\_\_\_\_

The registrant is welcome to receive a copy of this form upon request.