



CHILD PROFILE *

Child's Full Name (first name only used on website): _____ Age: _____

Diagnosis: _____

Likes: _____

Dislikes: _____

Favorite thing in the whole world!: _____

Brief Story – whatever you want to say in 150 words or less:

Parental Contact Information - phone or e-mail (required): _____

Parental Consent ** (signature): _____

Thank you for sharing your story with us!

Please mail or fax your completed form to:

Ti-Loup & La Poule Foundation
23 chemin Scuvée, Val-des-Monts, Quebec, J8N 1E2
(P) 819-457-9184 (F) 819-457-2663
www.tlpfoundation.com

* To be eligible the child must be a current patient of the Children's Hospital of Eastern Ontario (CHEO) – either on treatment or in remission.

** Please note that by submitting your child's profile to us you are consenting to allow TLP Foundation to post this information on its website for a period of one (1) month under the child profile section. The information provided is not used for any other purpose and is not shared with any other third parties. Information provided may be edited for length and/or content.