

Complete this form to receive a **new Family Number** with **new Client Numbers**.

- One family number for the whole household
- One client number per person in the household

To use online registration, you will need to have your Family and Client Numbers created before registration day. Family numbers and client numbers are permanent.

Add a new family member to your existing account by calling 416-396-7378.

If there are more than four (4) people in your family, please complete an additional form. This form does not need to be sent in for each registration.

If you forget your family number or client number, call 416-396-7378.

Send completed forms:

By email: pfrcustomerservice@toronto.ca

By fax: 416-392-1551

Alert: Sending personal information by fax is not a secure means of transmission.

By mail: Registration and Permits
 Toronto City Hall
 100 Queen Street West, 1st Floor
 Toronto, Ontario M5H 2N2

In-person: Local Civic Centre or community centre

Family Home Address

Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	Number of Family Members
Home Telephone Number	Mobile Number	Email	

Emergency Contact Information

This section must be completed by the person who has agreed to act as your emergency contact. The City will only disclose information to this person in the event of an emergency.

First Name	Last Name	Telephone Number
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Parks, Forestry and Recreation collects personal information in this section under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s.136(c), the City of Toronto Municipal Code, Chapter 441, Fees and Charges and the City of Toronto By-law No. 1115-2017. The information is used in the case of an emergency involving family members. Questions about this collection can be directed to Parks, Forestry & Recreation Client Services Staff, Parks, Forestry & Recreation, 100 Queen Street West, 1st Floor, East Tower, Toronto, ON, M5H 2N2, 416-338-2581.



New Family Account**Primary Contact – Family Member (1)**

Are there any medical or special needs information that you would like us to know? Please indicate in the following box(s) for each family member.

First Name		Last Name	
Date of Birth (yyyy-mm-dd)	Telephone Number	Extension	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Medical Issue(s)			

Family Member (2)

First Name		Last Name	
Date of Birth (yyyy-mm-dd)	Telephone Number	Extension	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Medical Issue(s)			

Family Member (3)

First Name		Last Name	
Date of Birth (yyyy-mm-dd)	Telephone Number	Extension	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Medical Issue(s)			

Family Member (4)

First Name		Last Name	
Date of Birth (yyyy-mm-dd)	Telephone Number	Extension	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Medical Issue(s)			

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