



Ontario Parents Advocating for Children with Cancer

website: www.opacc.org, email: info@opacc.org

Please print off this form, fill it in and mail it to:
OPACC, Ontario Parents Advocating for Children with Cancer
c/o Deirdra Redden, 278 Lloyminn Ave., Ancaster, ON L9G 1J1

OPACC Member Sign-up Form

Benefits of membership:

- No charge to sign-up (as parents we have already paid our dues when our children were diagnosed with cancer)
Regular newsletters, access to vital programs and resources, access to upcoming conferences and events
Access to resources in your treatment centre and close to home
Access to parents who have or are going through what you have been through, including parent forums and future events.

Name:
Address:
City: Prov: Postal Code:
Phone: Email:

Are you (please check one)

- Parent Bereaved Parent Other (Please specify)

Child's Name Date of Diagnosis

Type of Childhood Cancer

- AML ALL Neuroblastoma Wilm's Tumor Medulablastoma Other (please specify)

Is you child

- In Treatment Off Treatment Deceased (please tell us what date your child got his/her wings)

Current age range of child with cancer 0-3 4-6 7-10 11-12 13-15 16+

Are there other children in you family? Yes No

Current age range of other children 0-3 4-6 7-10 11-12 13-15 16+

Treatment Centre

- Sick Kids London Children's Hospital Children's Hospital, Ottawa McMaster's Children's Hospital Kingston

Do you utilize a satellite centre? Yes No

If yes please specify which centre

Are you currently part of a support group? Yes No

If yes, please specify name of group

Does your child/children attend any cancer camps? Yes No

If yes, please specify which camps Camp Ooch Camp Trillium Camp Quality

Would you like to receive our newsletter via email? Yes No

What more would you like to see on our website?

- Stories written by parents More resources More Services More information on Special
Nothing the site is great Other Suggestions

Would you be interested in connecting with another parent who's child has been recently diagnosed?

Yes No A representative of OPACC would contact you in advance for your approval.

Would you be interested in being part of a committee? Yes No

- Fund Development Events Resources Medical (professional and non-medical welcome)

Due to current privacy regulations, we require your approval in order to send you emails and organization updates. Your personal information will not be given out without your permission. Please sign below indicating your approval.

Signature

Date