

Registration Form

Thrive Family Programs

Which adult(s) will be participating?				
Last Name:	First Name:	Gender:	Date of Birth:	Relationship to Child(ren):
1.				
2.				
3.				
Address:		Phone: Message OK Yes No		
Postal Code:		Email: Message OK Yes No		
CNV DNV DWV or other		Would you like to receive additional information from Family Services of the North Shore? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which children will be participating?				
Last Name:	First Name:		Date of Birth:	
1.				
2.				
3.				
Program:				
<input type="checkbox"/> Thrive Family Drop In – Home Location Which location will you attend? Maplewood West Vancouver		<input type="checkbox"/> Parent Support Group <input type="checkbox"/> Breastfeeding and Postpartum Support Group <input type="checkbox"/> Parent Child Mother Goose <input type="checkbox"/> Pancakes and Play		
Emergency Health/Contact Information:				
Health Issues:		Emergency Contact Name:		Emergency Contact Phone Number:
Participant Affected:				
Demographic Information: This information helps us provide quality programming. (Please note all information is reported anonymously.)				
Gross Household Income:		Racial/Ethnic Identity:		New to Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what year did you arrive? _____
Under \$9,999 \$10,000 - 24,999 \$25,000 – 49,999 \$50,000 – 54,999 \$55,000 - 59,999 \$60,000 - 64,999 \$65,000 - 69,999 \$70,000 - \$74,999 \$75,000 - 79,999 \$80,000 - over Undisclosed		Primary Languages (Languages spoken at home):		
		Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed		
		Enrolled Date:		End Date: March 31, 2022