

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: Postal Code: <input type="checkbox"/> CNV <input type="checkbox"/> DNV <input type="checkbox"/> DWV or <input type="checkbox"/> other Receive Mail <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: Message Okay <input type="checkbox"/> Yes <input type="checkbox"/> No Email: Message Okay <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive more information from FSNS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which children will be participating?				
Last Name:	First Name:	Gender:	Date of Birth:	
1.				<input type="checkbox"/> I understand that Zoom groups are held virtually on a platform that is encrypted and secure. I would still like to participate knowing this information.
2.				
3.				
Program:				
<input type="checkbox"/> Thrive Family Drop In – Home Location Which location will you attend? <input type="checkbox"/> Maplewood <input type="checkbox"/> Lonsdale Quay <input type="checkbox"/> West Vancouver		<input type="checkbox"/> Zoom - Parent Support Group <input type="checkbox"/> Zoom - Breastfeeding and Postpartum Support Group <input type="checkbox"/> Pancakes and Play		
Emergency Health/Contact Information:				
Health Issue: Participant Affected:		Emergency Contact Name:	Emergency Contact Phone Number:	
Demographic Information: This information helps us provide quality programming. (Please note all information is reported anonymously.)				
Gross Household Income: <input type="checkbox"/> Under \$9,999 <input type="checkbox"/> \$10,000 – 14,999 <input type="checkbox"/> \$15,000 – 19,999 <input type="checkbox"/> \$20,000 – 24,999 <input type="checkbox"/> \$25,000 – 29,999 <input type="checkbox"/> \$30,000 – 34,999 <input type="checkbox"/> \$35,000 – 39,999 <input type="checkbox"/> \$40,000 – 44,999 <input type="checkbox"/> \$45,000 – 49,999 <input type="checkbox"/> \$50,000 – 54,999 <input type="checkbox"/> \$55,000 – 59,99 <input type="checkbox"/> \$60,000 – 64,999 <input type="checkbox"/> \$65,000 – 69,999 <input type="checkbox"/> \$70,000 – 74,999 <input type="checkbox"/> \$75,000 – 79,999 <input type="checkbox"/> \$80,000 – over <input type="checkbox"/> Undisclosed		Racial/Ethnic Identity:	New to Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what year did you arrive? _____	
		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, 2021	