

Registration Form

Thrive Family Programs



Start Date:

Which adult(s) will be participating?				
Last Name:	First Name:	Gender:	Date of Birth:	Relationship to Child(ren):
1.				
2.				
3.				
Adult's Health Concerns: Address: Postal Code: City of North Van District of North Van District of West Van or Other		Phone: Consent to receive phone calls and messages: Yes No Email: Consent to receive emails: Yes No I agree to receive information on Thrive Family Programs Hours of Operation, Notice of Closures and other additional info: Yes No I would like to know what else is happening at Family Services of the North Shore: Yes No		
Which children will be participating?				
Last Name:	First Name:	Gender:	Date of Birth:	Health Concerns:
1.				
2.				
3.				
Programs and Locations:				
Learning Together Through Play Maplewood West Vancouver Community Hub	Pancakes and Play Maplewood	Babynastics Maplewood Community Hub	Baby Basics and Breastfeeding North Van Library	Parent Child Mother Goose North Van Library West Van Library
Emergency Contact Information:				
Emergency Contact Name: Last Name: First Name:		Relationship:	Emergency Contact Phone Number:	
Demographic Information: This information helps us provide quality programming. (Please note all information is reported anonymously.)				
Gross Household Income: Under \$58,000 Over 58,000 Undisclosed		Primary Languages (Languages spoken at home):		
Racial/Ethnic Identity: New to Canada? Yes No If so, what year did you arrive?		Relationship Status: Single Partnered Married Separated/Divorced Widowed		
		End date: March 31, 2026		

