

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.				
Address:		Phone: Message OK Yes No		
Postal Code:		Email: Message OK Yes No		
CNV DNV DWV or other		I agree to receive information on Thrive Family Programs Hours of Operation, Notice of Closures and other additional info. Yes No		
Which children will be participating?				
Last Name:	First Name:		Date of Birth:	
1.				
2.				
3.				
Program:				
Thrive Family Drop In – Home Location		Babynastics		
Which location will you attend?		Breastfeeding and Postpartum Support		
Maplewood West Vancouver		Parent Child Mother Goose		
		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):	
I would like to know what else is happening at Family Services of the North Shore			Relationship Status:	
Yes No			<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	
			End date: March 31, 2024	

