



Family Place Registration Form

Your information is considered confidential and will not be shared with any other agency/company.

Please Check which program you will be attending:

- Family Place
- Family Place South
- Both North & South

Date - (year/day/month)

First Name: _____ Last Name: _____

Also known as: _____

Date of birth - (year/day/month)

Gender:

Preferred pronouns: _____

Street Address _____ City _____

Postal Code _____

Email Address _____

Telephone: Home: _____ Cell: _____

Emergency Contact Person: Name: _____ Telephone/Cell: _____

Other important people that may attend the Family Place program with your child/ren:

First Name: _____ Last Name: _____

Relationship to Child/ren: _____

Language spoken: _____

Interpreter required: Yes No

His/her - Telephone number: _____ Cell: _____

Please provide us with the following information regarding your child/ren that will attend the Family Place program:

Child's first name: _____

Also known as: _____

Child's last name: _____

Date of birth: (year/day/month)

Child's first name: _____

Also known as: _____

Child's last name: _____
Date of birth (year/day/month) _____

Child first name : _____
Also known as: _____
Child's last name: _____
Date of birth: (year/day/month) _____

Relevant Medical Information regarding your child/ren (eg: food allergies): _____

How did you hear about Family Place? _____

Were you referred to the Family Place program? YES NO
If Yes, by who (eg: friend, another program) _____

How long have you been attending the Family Place program? _____

Do you know about the 'Family Place Facebook' page? YES NO
Have you looked up for information and resources on the Facebook page? YES NO

Please add me to:

Family Place communication email for monthly program highlights and upcoming events:
YES NO

Langley Community Services Society - General email for news & events: YES NO

Any important information you would like to share regarding your family or your child/ren:

Is there specific help or support you need for yourself as a parent or a caregiver?

How do you get to Family Place program/s?

Walk -
By car -
By bus -

Do you identify as Indigenous? YES NO

Do you live on Reserve? YES NO

Metis YES NO

First Nations YES NO

Inuit YES NO

Languages spoken at home: _____

Country of Origin (if applicable): _____

Year of arrival (if applicable): _____

Citizenship Status:

Permanent Resident – YES NO

Canadian Citizen – YES NO

Other: (please specify) _____

Consent to Photography: Do you give Family Place program and LCSS, your permission to use and reproduce photographs, video footage of you and your child/ren for promotional and marketing purposes?

YES NO

Family Structure:

Parenting involvement:

Parenting Status:

Housing situation

Employment Status

Income source:

Family Income Bracket:

Education level:

Religion:

***We thank you for your valuable feedback.
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