



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 North: Family Place South: Both North & South:

Date - (year/day/month)

First Name: _____ Last Name: _____

Also known as: _____

Date of birth - (year/day/month)

Gender: Choose an item.

Preferred pronouns: _____

Street Address _____ City _____

Postal Code _____

Email Address _____

Telephone: Home: _____ Cell: _____

Spouse/Partner Name: _____

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

Relationship to primary person: _____

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: _____

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 - Choose an item.

By car - Choose an item.

By bus - Choose an item.

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: Choose an item.

Parenting involvement: Choose an item.

Parenting Status: Choose an item.

Housing situation Choose an item.

Employment Status Choose an item.

Income source: Choose an item.

Family Income Bracket: Choose an item.

Education level: Choose an item.

Religion: Choose an item.

***We thank you for your valuable feedback.
Your information is considered confidential and will not be shared with any other
agency/company.***