



Family Support Services Registration 2009 - 2010

The information parents provide below is for registry purposes only. Family Support Liaisons use the registry to make contact with families who have a child with Down syndrome and to help families connect with services in the community. Our goal is to assist families in developing a personalized support network that enables their child to integrate successfully in family, school and community life.

PERSONAL INFORMATION

My child's name is: _____ Sex: M / F DOB: _____
First/Middle/Last Name Year/Month/Day

He/She attends: _____ Circle: CBE/CSB/Private
Name of School

_____ Phone Number of School
Address of School

_____ Current Grade

My child lives with: both parents father mother legal guardian foster care

Language(s) Spoken In the Home: _____ **Translator required:** Yes / No

Mother: _____ Home # _____ Work # _____
First/Last Name Cell # Email

Mailing Address: _____ Postal Code: _____

Father: _____ Home # _____ Work # _____
First/Last Name Cell # Email

Mailing Address: *(IF DIFFERENT FROM ABOVE)* _____ Postal Code: _____

Guardian/Foster Family:

_____ Home # _____ Work # _____
First /Last Name Cell # Email

Mailing Address: _____ Postal Code: _____

My child's brothers and sisters are:

Name:	Sex:	D.O.B. (year/month/day)
_____	M / F _____	_____
_____	M / F _____	_____
_____	M / F _____	_____
_____	M / F _____	_____

My family has the support of extended family close by. Check Yes or No

This year my child has participated in the following community activities:

- Art Church activities Dance Brownies or Guides or Scouts Music
- Sports _____ Other _____

This year my child is enrolled in the following programs for children with special needs:

- Between Friends Disabled Skiing Association Special Olympics
- Challenger Baseball Opening Gaits Other _____



Please complete both sides...



Family Support Services

SERVICE INFORMATION

My family is presently a member in good standing of:

- Checkboxes for AACL, CDSS, DDRC, DSRF, The PREP Program, Ups and Downs, and Other.

You are invited to participate in the national DSRF database of individuals with Down syndrome. This information is used to identify medical, education and social trends. This is a voluntary registry for individuals interested in participating in specific projects or research pertaining to all aspects of Down syndrome. Yes No

My child/family is presently registered with:

- Checkboxes for Ability Society, Children's Link, FSCD, Gateways, Other, Down Syndrome Clinic at ACH, Early Intervention Programs (0-3 yrs), and Respite Agency.

HOW CAN WE HELP?

I would appreciate receiving information about services for:

My Child:

- Checkboxes for Education, In home support, Health, Recreational, Social, Therapy, and Other.

My Family:

- Checkboxes for Parent workshops, Crisis support, Provincial/Federal Assistance, Family workshops (i.e.: sib-shops), Family therapy/Marriage counseling, Respite services, and Other.

At this time a Family Support Liaison can help me with the following:

Two horizontal lines for text input.

I am interested in joining a parent support group to discuss concerns that are of common interest to families who have a child with Down syndrome (e.g. advocacy, acceptance, future planning, specific medical conditions).

- Yes No Not at this time

I suggest the following topic(s):

Date:

Name:

(Please Print)

Signature: