



# Family Support Services Registration

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: \_\_\_\_\_

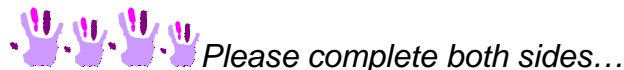
**My child's brothers and sisters are:**

	Sex:	D.O.B. (year/month/day)
Name: _____	M / F _____	_____
Name: _____	M / F _____	_____
Name: _____	M / F _____	_____
Name: _____	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, 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  Dolphins Swim Club  Other \_\_\_\_\_





Family Support Services

SERVICE INFORMATION

My family is presently a member in good standing of:

- ACL (Alberta Association for Community Living)
PREP Program
CDSS (Canadian Down Syndrome Society)
Ups and Downs
Other:

My child/family is presently registered with:

- Down Syndrome Clinic at ACH
Children's Link
Early Intervention Programs (0-3 yrs)
FSCD (Family Support for Children with Disabilities)
Respite Agency:
Other:

HOW CAN WE HELP?

I would appreciate receiving information about services for:

My Child:

- Education
In home support
Health
Recreational
Social
Therapy
Other

My Family:

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

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

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Family Support at PREP offers workshops and parent networking groups 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). Are you interested in attending? If yes, please include your email address so that we can send you workshop calendars.

Yes No Not at this time email address

I suggest the following topic(s):

Date:

Name:

(Please Print)

Signature: