

**SUPPORT FOR PARENTS OF YOUNG CHILDREN
FAMILY SUPPORT AND PARENTING GROUPS
Registration and Consent for Service**



Email: jen.mantyka@options.bc.ca
Fax: 604-583-1056

Social Worker or Referring Agent: _____	District #: _____	Date: _____
Tel: _____	Fax: _____	
E-mail: _____		

SELECT ONE OR MORE OPTION:	
GROUPS	
Don't Fear the Diagnosis <input type="checkbox"/>	Walking through Life as a Father <input type="checkbox"/>
Parenting Through the Child's Eyes <input type="checkbox"/>	
Group Start Date:	2021
INDIVIDUAL	
One-to-one Support <input type="checkbox"/>	

PARENT/GUARDIAN:	
Last Name: _____	First Name: _____
DOB: _____	Tel: _____
Address: _____	Cell: _____
City: _____	Postal Code: _____
Email: _____	
Aboriginal Heritage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language: _____
Emergency Contact: _____	Tel: _____

SPOUSE/PARTNER: _____	Tel: _____
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CHILDREN'S NAMES	M	F	Birth Date (dd/mm/yy)
Is childcare required? (available for in-person groups only)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current Support for Parents of Young Children Client?			<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE ONLY FOR ONE-TO-ONE SUPPORT

AREAS OF INTEREST: *(check boxes that apply)*

<input type="checkbox"/> CHILD DEVELOPMENT physical, emotional, social, language and brain development	<input type="checkbox"/> ATTACHMENT relationship, safety, security, affection and bonding
<input type="checkbox"/> MENTAL HEALTH anxiety, Autism, ADD/ADHD and other	<input type="checkbox"/> NUTRITION healthy eating food guide, introduction of foods, food allergies and
<input type="checkbox"/> DISCIPLINE age appropriate expectations, positive discipline strategies, guiding through play	<input type="checkbox"/> CHILD CARE Information, resources and referrals to child care providers or preschools
<input type="checkbox"/> ROUTINE Setting up consistent naptime, bedtime, mealtime, play time and free time	<input type="checkbox"/> RESILIENCY/ADAPTABILITY changes in environment, coping and competence

PRESENTING CONCERNS:

<input type="checkbox"/> Aggression	<input type="checkbox"/> Emotional Regulation	<input type="checkbox"/> Separation/ Loss
<input type="checkbox"/> Setting Up Routines	<input type="checkbox"/> Sibling Rivalry	<input type="checkbox"/> Toilet Training
<input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Communication	<input type="checkbox"/> Discipline

Additional Comments/Explanations:

IMPORTANT SOCIAL HISTORY:

<input type="checkbox"/> Education/Literacy	<input type="checkbox"/> Relationship Issues	<input type="checkbox"/> Cultural Issues	<input type="checkbox"/> Housing
<input type="checkbox"/> Substance Misuse	<input type="checkbox"/> Abuse	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Low Income

Additional Comments/Details: