

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



E-mail: **SPYC@options.bc.ca**
Fax: **604.583.1056**

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

SELECT ONE OR MORE OPTION:	
INDIVIDUAL	GROUP
<input type="checkbox"/> One-to-one Support <i>Preferred time:</i> <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	<input type="checkbox"/> Parenting Through the Child's Eyes <i>Preferred time:</i> <input type="checkbox"/> Daytime <input type="checkbox"/> Evening
	Start Date: _____ 20 ____

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/yyyy)

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)*

- CHILD DEVELOPMENT**
physical, emotional, social, language and brain development
- MENTAL HEALTH**
anxiety, Autism, ADD/ADHD and other
- DISCIPLINE**
age appropriate expectations, positive discipline strategies, guiding through play
- ROUTINE**
Setting up consistent naptime, bedtime, mealtime, play time and free time

- ATTACHMENT**
relationship, safety, security, affection and bonding
- NUTRITION**
healthy eating food guide, introduction of foods, food allergies and
- CHILD CARE**
Information, resources and referrals to child care providers or preschools
- 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: