

Traditional Aboriginal Parents Program (TAPP) Registration Form

Spirit of the Children Society

#201-768 Columbia Street, New Westminster, BC, V3M 1B4, 604-524-9113 Fax: 604-524-9124

Applicant Information

Date: _____

First Name: _____	Last Name: _____			
Address: Apt # _____	Street Address: _____			
City: _____	Province: _____	Postal Code: _____		
Tel: _____	Email: _____			
Date of birth: _____	<input type="checkbox"/> Status	<input type="checkbox"/> Non Status	<input type="checkbox"/> Metis	<input type="checkbox"/> Other
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Have you ever attended a parenting program before: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Referred By:

<input type="checkbox"/> Self	
<input type="checkbox"/> Ministry of Child and Family Development (MCFD)	
<input type="checkbox"/> Other (example: school, community centre, hospital, friend/relative, other organization, or Spirit of the Children employee)	
Name of Social Worker: _____	Phone: _____
Name of Family Strengthening Worker: _____	

Children Information:

	Last Name:	First Name:	Age	Will your child be attending the program with you?	Is your child in care?	Any food allergies?	Boy or Girl
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please tell us any other information that you think is important for us to know: _____

Please do your best to answer the following questions as honestly as possible.

What are your personal reasons for taking this course? What are you hoping to get out of it?

What is your idea of a “good parent”? What does it mean to be a “good parent”?

What are some topics that you would like to see covered in the course? What things would you like to learn about?

Do you feel like you are prepared to make a commitment to the program and attend each session?

If not, or if you know of any dates that you will not be able to attend, please explain:
