DEAF CHILDREN'S SOCIETY OF BC
LANGUAGE FOR LIFE

Registration Form

Transfer from _____

New Registration

Date:	
Child's name:	
DOB:	
Nickname:	
Medical #:	
Gender:	
Parent / Guardian Names:	
Address:	
Home Phone:	
Email:	
Parent Work:	
Parent Cell:	
Parent Work:	
Parent Cell:	
Siblings names, DOB:	
Pets, name:	
Languages used at home:	

Hearing History:

At what age was your child's hearing level identified?	
Has a cause been identified? If so, what was it?	
What were the results of your child's most resent audiological assessment?	
Does your child have any medical concerns (ie: epilepsy, diabetes, allergies, vision, etc.?)	

Hearing Aid and/or Cochlear Implant Information

Aids worn (✔): Right □ Left □   Make: Serial#:
Or Cochlear Implant □

I am registering for (please check all that apply)

DCS Preschool	□
DCS Group Services ELF (Early Literacy Foundations)	□
Parent (family) Sign Group	□
Grandparents Sign Group	□
Parent Trek (Transition Resources for Entry to Kindergarten)	□
DCS Speech Language Pathology Intervention Services	□
DCS Sign Language Instruction Intervention Services	□
DCS Group Child Care	□
DCS Outreach Services	□

Program	MON	TUES	WED	THURS	FRI
Morning Daycare 8am-9am					
Preschool 9am-12pm					
Bridge LAB 12pm-2pm					
Afternoon Daycare 2pm-4pm Estimated Pick Up Time:					
Afternoon Daycare 2pm-5pm					

Estimated Pick Up Time:						

I would like to receive intervention services in the following location:

My home □   DCS Preschool □   DCS Office □

Intervention Services

Please indicate your top three preferred days and times for services by marking #1, #2 and #3 in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Receiving Services from Other Early Intervention Agency
I am receiving additional services from the following:

Agency	Services Received
BC Family Hearing Resource Centre □	
Children's Hearing & Speech Centre of BC □	

For Office Use Only

Interventionist Assigned:	
Services Received:	
File Requested:	
Audiogram or other records requested:	