



EARLY CHILDHOOD INTERVENTION PROGRAM

The Early Childhood Intervention Program, Regina Region Inc.

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PARENT APPLICATION FOR EARLY CHILDHOOD INTERVENTION SERVICES

DATE: _____

CHILD'S NAME: _____
(First) (Middle) (Last)

GENDER: Male _____ Female _____ S.H.S. # _____

BIRTH DATE: _____
(Day) (Month) (Year)

BAND: _____ TREATY #: _____

ADDRESS: _____

POSTAL CODE: _____

MOTHER: _____ FATHER: _____

ADDRESS: _____ ADDRESS: _____

Postal Code: _____ Postal Code: _____

Email: _____ Email: _____

TELEPHONE: Home: _____ TELEPHONE: Home: _____

Work: _____ Work: _____

IF YOU HAVE NO TELEPHONE, HOW CAN YOU BE REACHED?

CAN YOU GIVE A SHORT DESCRIPTION OF YOUR CHILD'S AREA OF DIFFICULTY?

IF CHILD LIVES WITH INDIVIDUAL(S) OTHER THAN PARENTS:

NAME(S): _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work: _____

(OVER)

SISTER(S) & BROTHERS	BIRTH DATE day/month/year	DOES THE CHILD LIVE WITH THIS SISTER OR BROTHER?

Signature of Parent / Legal Guardian

Date