



Westcoast Child Development Group Inc.

Suite 203
3195 Granville St
Vancouver, B.C.
V6H 3K2
Leah Marks, Coordinator

Intake: (604) 980-6403
Fax: (604) 980-6409
Dr. Worling: (604) 802-9608
Office: (604) 732-3222
lmarks@childdevelopmentgroup.com

CONNECTS-WORKS A structured, protected pre-vocational group for young adults

Registration Form

Youth Name _____

Last

First

Date of Birth ____/____/____ Age ____
Day Month Year

Male

Female

Parents/Guardians _____

1. Name in full and relationship

2. Name in full and relationship

Family Address _____

Street and number

City

Postal Code

Home Phone _____

Work Phone _____

Cell/Pager _____

Email _____

General Health Information

Allergies _____

Medications 1. _____

2. _____

Emergency Contact

1. _____
Name Relationship phone during day/evening

2. _____
Name Relationship phone during day/evening

Thank you for taking the time to complete this application form. Please mail or fax this to us as soon as possible, so that we can process all the information in a timely manner. Please contact us if you have any questions about this form or the group process.

CONNECTS-WORKS

Page 1 of 1