

NEW FAMILY INFORMATION FORM

Date:		
Parent(s)/Guardian(s):		
First Name:		Last Name:
First Name:		Last Name:
Contact Information:		
Address:		
City:		Postal Code:
Email:		Home Phone #:
Bus Phone #:		Cell Phone #:
Name of child(ren) with Down syndrome:	Birth Date: (dd/mm/yyyy)	Gender:(M or F)
Names of other children:	Birth Date: (dd/mm/yyyy)	Gender: (M or F)
SCHOOL BOARD/DAYCARE INFORMATION:		

Which school board do you support?
 Catholic: _____ Public: _____ Home School: _____ Other: _____
 School/Daycare attended by your child with Down syndrome: _____

Contact:		
Would you like to be contacted by telephone?	Yes: _____	No: _____
Would you like to be contacted by email for program information?	Yes: _____	No: _____
Would you like to be contacted by mail (receive a newsletter)?	Yes: _____	No: _____

Consent:
I hereby consent to the London Down Syndrome Association (LDSA) the right to take, exhibit or publish any pictures, videos, interviews, or sound recordings now or in the future for all the people listed on this form for the following purposes: To use for any LDSA publication including the newsletter, or for use on the LDSA website, or for educational purposes such as prenatal fair exhibits. I/We declare that I have read this consent, or it has been read to me and I understand it, and fully consent. Signature: _____

Volunteering: The success of any volunteer organization is a direct result of the effort put forth by its members.
Are you interested in volunteering to help the LDSA with its social, fundraising or educational programs? Yes: _____ No: _____
Are you interested in becoming a member of our Board of Directors? Yes: _____ No: _____

Privacy Act: In accordance with the Canada Privacy Act please answer the following Your personal information will never be given out to any other organization for solicitation purposes.
