



North Shore Supported Child Development Program Referral Form

Date: _____

Please select your position from below:

- Childcare Centre ____
- Parents/Guardians ____
- Practitioners & Clinicians (Infant Development Program, doctors, speech language pathologists, etc.) ____

Name of person and organization making referral or assisting family making referral:

Child Information

Name (first/middle/last)	_____
Date of birth(mm/dd/yyyy)	_____
Gender	_____
Home Address	Street Address: _____ Postal code: _____ City: _____ Province: _____

Parent/Guardian Information

Parent/Guardian #1

Name	_____
Relationship	_____
Cell Phone Number	_____
Work Phone Number	_____
Email Address	_____
Home Address	Street Address: _____ Postal code: _____ City: _____ Province: _____





Parent/Guardian #2

Name	
Relationship	
Cell Phone Number	
Work Phone Number	
Email Address	
Home Address	Street Address: _____ Postal code: _____ City: _____ Province: _____

Child Care Information

Current Childcare Setting	
Phone Number	
Contact Name & Email	
Start Date at Child Care Centre	
Days & Hours Attending	
Previous Childcare Centre	
<i>Fill out the next section if you do not currently have childcare</i>	
Preferred Program Type (preschool, in-own-home, daycare, out of school care)	
Name of preferred program	
<i>For out of school care only</i>	
Child's School	
Grade	





North Shore
Neighbourhood
House

Supported Child Development Program

225 East 2nd Street

T: 604 998-0131 E: roberta@nsscdp.com

Reason for referral

Important information about referred child, including any medication they take, and other service providers involved with your family (doctor, physiotherapist, occupational therapist, etc):

Signatures

By signing below, I consent to the following:

- For SCDP to contact the listed childcare centre(s) & person making the referral
- To receive a referral phone call from the SCDP Manager

Signature of parent/guardian

Date

Signature of parent/guardian

Date

North Shore Neighbourhood House respectfully honours and acknowledges that we live, work and play on the ancestral, traditional and unceded territories of the Squamish and the Tsleil-Waututh Nations.



CREDIBILITY · INTEGRITY · ACHIEVEMENT

225 East 2nd Street | North Vancouver | B.C. V7L 1C4

[w: www.nsnh.bc.ca](http://www.nsnh.bc.ca)