

ID: \_\_\_\_\_ (For office use only.)

**North Okanagan/Shuswap Respite Provider Registry**  
**Caregiver Registration** (for those who need respite)



**Parent/Caregiver Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_  
Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Nearest Intersection: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Individual:  Mother  Father  Legal Guardian  
If other, specify \_\_\_\_\_  
Language Spoken at Home: \_\_\_\_\_  
Interpreter Needed:  Yes  No      If yes, Identify Language \_\_\_\_\_

**Primary Contact Information**

Check if same as Parent/Caregiver

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_  
Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Individual:  Mother  Father  Legal Guardian  
If Other, specify \_\_\_\_\_

**Individual (son/daughter) Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_  
Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_  
day / month / year

Check if address is same as Parent/Caregiver

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_