



**North Shore
Community Resources**

Connecting You to Community Services!

Caregiver Support Program Registration Form

Your information will remain confidential and will not be shared outside of the Caregiver Support Program.

Date: _____ Name: _____

Address: _____ Postal code: _____

Circle: West Van North Van Other: _____

Home phone: _____ Cell: _____

Email for receiving our bi-monthly newsletter: _____

I provide care for: *(check all that apply)*

- Spouse/partner Friend Adult Child
 Parent Relative

Care receiver's year of birth: _____

Describe your caregiving situation:

How did you hear about the Caregiver Support Program? _____

What topics would you like to learn about? _____

Your year of birth : _____ Gender: _____