



**BEGINNINGS COUNSELLING
& ADOPTION SERVICES OF ONTARIO, INC**

1 Young St, Ste 308, Hamilton, ON L8N 1T8
www.beginnings.ca

(905) 528-6665 PH.
(905) 528-6589 FAX
info@beginnings.ca

ADOPTION REGISTRATION

*Please note that this form should be mailed to the address above, along with a signed copy of our Services Agreement, which can be found on our website. This should be accompanied by the \$150.00 Registration Fee.
(Note: the fee is not required if you have been registered with Beginnings in the past)*

	WIFE	HUSBAND
Surname		
Given name(s)		
Street Address		
Town/City/Postal Code		
Home Phone		
Cell Phone		
Email (home)		
Email (other)		
Birth Date		
Race: <i>(Caucasian/Black/Oriental, etc)</i>		
Ethnic origin: <i>(Scottish/Dutch, etc)</i>		
Education		
Employer		
Business Phone #		
Church Affiliation <i>(if any)</i>		
Date of Marriage		
Any previous marriages <i>(yes/no)</i>		
Names & birth dates of children in the home: <i>(Adopted? Birth?)</i>		
History of attempts to have own child:		

Homestudy completed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> in process Date completed (to be completed):
Adoption Practitioner?	
If you are RE-APPLYING for a new adoption, has Homestudy Update been completed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> in process Date completed (to be completed):
Training attended (PRIDE, etc.)	
Name of PRIDE trainer?	
Are you applying to adopt a child from another source?	<input type="checkbox"/> CAS <input type="checkbox"/> International <input type="checkbox"/> Other Licensees
Additional Information:	

This form is merely a statement of intention and may be withdrawn by the applicant at any time prior to the placement of a child in the home. Likewise, in accepting this registration, Beginnings Counselling and Adoption Services of Ontario, Inc. does not guarantee an adoption placement. Please contact us if you have any questions or if there are any changes in the information provided.

<i>Signature of Applicant</i>	<i>Signature of Applicant</i>
<i>Date:</i>	<i>Date:</i>