

ADOPTIVE APPLICANT: REGISTRATION FORM

To be eligible for registration with Beginnings, you must be considered ‘adopt ready’ and have your homestudy and PRIDE training completed

Complete the following and send to: info@beginnings.ca

1. Registration Form – please print clearly
2. Risk Acceptance Chart (attached)
3. Signed copy of your completed homestudy, along with any applicable updates from your Practitioner
4. \$150.00 Registration fee - payment details on page 2

	Applicant #1	Applicant #2
Legal Given Name :		
Legal Surname:		
Street Address:		
City/ Province/ Postal:		
Phone #:		
Email:		
Birth Date & Age:		
Racial Origin:		
Ethnic Origin :		
Education:		
Employer:		
Religious Affiliation :		
Date of Marriage/ Domestic Partnership:		
Name & age of children in the home (adopted/birth):		
Agency associated with any previous adoption(s):		
Brief history with infertility:		

Homestudy completed:	Date:	Adoption Practitioner:
Homestudy approval:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Public <input type="checkbox"/> International
PRIDE completed:	<input type="checkbox"/> In person <input type="checkbox"/> Online	PRIDE Trainer:
Any additional training:		
Other agencies you are registered with:		
Additional Info/ Comments:		
<i>This form is merely a statement of intention and may be withdrawn by the applicant at any time prior to the placement of a child in the home.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 Family Services does not guarantee an adoption placement. Please contact us if you have any questions or if there are any changes in the information you have provided.</i>		
Signature of Applicant 1:	Signature of Applicant 2:	
Date:	Date:	

PAYMENT OPTIONS:

Please note: Beginnings registration \$150.00 is non-refundable and we do not typically provide a receipt for this one-time only fee

Credit card

Via online payment form through Beginnings website: <https://www.beginnings.ca/online-payment-form/>

E-transfer:

- Create an interact e-transfer from your account to aideen.hennessy@beginnings.ca
- In the box where you are asked to provide a message: state 'AP registration'
- Create a security question/answer which we will require to accept the payment
- After you have completed the e-transfer make sure to email your security question/answer to aideen.hennessy@beginnings.ca and info@beginnings.ca

Cheque

Mailed to Hamilton head office - Please note 'AP registration' in memo line
 Beginnings Family Services
 1 Young St. Suite 520
 Hamilton, ON L8T 1T8

ACCEPTANCE OF RISK CHART

Please complete this chart and return it with your registration form and a copy of your completed homestudy.

APPLICANT 1: _____ APPLICANT 2: _____

NO: no ability and/or willingness to meet this particular need or risk and would choose not to parent a child with this behaviour or characteristic.

MAYBE: some ability and/or willingness to maybe meet this particular need or risk and would be open to parent a child with this behaviour or characteristic on case by case basis. However, feels more preparation, research and guidance is required.

YES: is willing to meet this particular need or risk and feels confident they have the ability to parent a child with this type of behaviour or characteristic.

Please check one box to best describe your degree of acceptance for the following risk factors:

Child Conceived as a Result of:	NO	MAYBE	YES
Incest			
Sexual Assault			
Unknown Birth Father			

Risks Identified at Birth	NO	MAYBE	YES
Birth Mother Positive to Hepatitis C			
Birth Mother Positive to HIV			
Low Birth Weight			
No to Little Prenatal Care			
Premature Birth – Between 32-37 weeks gestation			
Premature Birth – Less than 32 weeks gestation			

Pre-natal Drug and Alcohol Exposure	NO	MAYBE	YES
Alcohol Exposure - Limited			
Alcohol Exposure - Prolonged			
Drug Exposure – Cocaine			
Drug Exposure – Heroin/Methadone			
Drug Exposure – Non-Prescription			
Drug Exposure – Prescription			
Drug Exposure – Soft Drugs (i.e. Marijuana, Hash, etc.)			
Drug Exposure – Tobacco			
Drug Exposure – Fentanyl			

Genetic Risks Identified in Birth Family or Child	NO	MAYBE	YES
Allergies			
Anxiety			
Asthma			
Autism Spectrum Disorder			
Bipolar Disorder			
Depression			
Developmental Delays – Mild/Moderate			
Developmental Delays – Moderate/Severe			
Down Syndrome			
Epilepsy/Seizures			
Genetic/ Medical Condition (i.e. Cystic Fibrosis, Huntington's, Muscular Dystrophy, etc.)			
Schizophrenia			
Physical Disability			

General – Are you open to:	NO	MAYBE	YES
A child of another race/ethnicity			
A mixed-race child			
A sibling group (2+ children of different ages)			
Twins			
A child with Indigenous heritage/ Indigenous Status			
A child who may require surgery/medical intervention			

Please include any additional information you feel is important to know about any risks you are or are not willing to accept:

Should you wish to update your acceptance chart at any time, please contact info@beginnings.ca to request a new form.