

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. Please send in everything at one time, as we cannot hold partial registrations

- Registration Form** - please print clearly
- Risk Acceptance Chart** - see attached pg.3
- Homestudy** - final copy with signatures, including any applicable updates from your Practitioner
must be current and completed within the last 2 years to be accepted
- \$150.00 Registration fee** – see payment details on pg.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/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This form is merely a statement of intention and may be withdrawn by the applicant at any time prior to the placement of a child in the home.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 payment receipts for this one-time fee*****

Credit card:

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

E-transfer:

- 1 – Create interact e-transfer from your account to megan.dunlop-elms@beginnings.ca
- 2 – In the box where you are asked to provide a message: invoice# or payment description
- 3 – Create a security question/answer for which we will require to accept the payment. **Your security answer should always be: "Hamilton"**

Cheque:

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

ACCEPTANCE OF RISK CHART

APPLICANT 1: _____

APPLICANT 2: _____

NO: no ability and/or willingness to meet this particular need or risk and would not choose 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

