

## ADOPTIVE APPLICANT: REGISTRATION FORM

**To be eligible for registration you must be considered ‘adopt ready’ and have your homestudy and PRIDE training completed.**

Complete the following and send in all completed documents to: [info@beginnings.ca](mailto:info@beginnings.ca). Please note, we *do not* accept partial registrations.

- Registration Form** - please print clearly (pg.1-2)
- \$200.00 Registration Fee** - payment details (pg.2)
- Risk Acceptance Chart** - attached (pg.3-4)
- Vaccination Disclosure** - attached (pg.5)
- Homestudy** - final copy with signatures, including any applicable SAFE updates from your Practitioner  
\*\*\*must be current and completed within the last 2 years with supporting documents up to date\*\*\*

	Applicant #1	Applicant #2
Legal Given Name :		
Legal Surname:		
Street Address:		
City/Province/*Postal code:		
Phone #:		
Email Address:		
Birth Date & Age:		
Racial Origin:		
Ethnic Origin :		
Education:		
Employer:		
Religious Affiliation (if any):		
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:	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:		
<p><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This form is merely a statement of intention and may be withdrawn by the applicant at any time prior to the placement of a child in the home.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></p>		
_____	_____	
Signature Applicant 1:	Signature Applicant 2:	
Date:	Date:	

**REGISTRATION FEE - PAYMENT DETAILS:**

\*\*\* \$200.00 is non-refundable and we do not provide receipts for this one-time fee \*\*\*

**Credit card:**

- Via online payment form through Beginnings website: <https://www.beginnings.ca/online-payment-form>
- Message to Beginnings: please note 'AP Registration'

**E-transfer:**

- Create interac e-transfer from your account to [bfspayments@beginnings.ca](mailto:bfspayments@beginnings.ca)
- Message Box: please note 'AP Registration'

**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 FACTORS

**Applicants:** \_\_\_\_\_

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

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

**YES:** able and willing to meet this particular need/ risk and feel confident to parent a child with this behaviour or characteristic.

Please check one box to best describe your degree of acceptance for the following characteristics/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			
Lack of 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			
Asthma			
Autism Spectrum Disorder			
Bipolar Disorder			
Depression/Anxiety			

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			
A child who may require surgery/medical intervention			
<b>GENERAL:</b>	<b>NO</b>	<b>MAYBE</b>	<b>YES</b>
A child of another race/ethnicity different than your own			
A mixed-race child			
A child with Indigenous heritage/ Indigenous Status			
A sibling group (2+ children of different ages)			
Twins			
If you respond <b>YES</b> to different race/ethnicity, mixed-race, or Indigenous heritage/status, please explain your awareness of a transracial adoption and indicate how you would embrace the child's heritage if it was different from your own. Also, indicate how your community would be conducive to raising a child in a transracial family:			
Please include any additional information you feel is important to know about the risks/characteristics you responded with <b>NO</b> , and why you are not willing/able to accept this:			

We encourage you to continue your research and education regarding risks and level of acceptance. Please visit <https://mothertobaby.org/fact-sheets> for more information on 250+ exposures and how they may impact pregnancy.

Should you wish to update your acceptance chart at any time, contact [info@beginnings.ca](mailto:info@beginnings.ca) to request a new form.

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### **Voluntary Disclosure: Covid-19 Vaccination Status Adoptive Applicant**

- For the purpose of assisting in the assessment of the safety and well-being of all Beginnings staff and clientele, and to help facilitate adoption planning (i.e. birth parent requests, hospital and foster home visits).

**Please check the box below which best describes you:**

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(Applicant #1 First and Last Name)

- I have received two Covid-19 vaccinations, as per current Ontario public health guidelines.
- I have received my first Covid-19 vaccination and intend to receive the second dose.
- I have chosen not to be vaccinated at this time.
- I do not feel comfortable providing my vaccination status to Beginnings Family Services.

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(Applicant #2 First and Last Name)

- I have had two Covid-19 vaccinations, as per current Ontario public health guidelines.
- I have had my first Covid-19 vaccination and intend to receive the second dose.
- I have chosen not to be vaccinated at this time.
- I do not feel comfortable providing my vaccination status to Beginnings Family Services.

- I confirm that I, the Adoptive applicant, have provided this information voluntarily and accurately.

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Signature of Applicant (#1)

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Date

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Signature of Applicant (#2)

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Date