

MEMBER REGISTRATION FORM (Parents & Families)

1. Name of member:

2. Are you a: Parent Sibling Relative Others

3. If "others" (in SI #2), please indicate why you want to be a member?

4. Address: _____

5. Phone # : _____

6. E-mail address (if any): _____

7. Name of child/children/person with special needs: _____

8. Date of birth of child/children/person with special needs: _____

9. Gender of child/children/person with special needs: _____

10. Does he/she go to ECCD/school or any organisation? Yes No

11. If yes, name of ECCD/school/organisation: _____

12. Medical Diagnosis: _____

13. Do you have any other children/siblings? Yes No. If yes, how many? _____

14. Who lives with you:

15. Do you use social media (facebook, messenger, whatsapp, wechat, etc)? Yes No

I agree to be a member of Phensem Parents Support Group, Bhutan.

Signature

Date