

ADDITIONAL INFORMATION FOR CHILDCARE REGISTRATION

My child is:			
] Deaf	☐ Hard-of-Hearing	☐ Hearing
My child communicates via (check all that apply):			
	ASL (American Sig		
	Sign-Supported Sp	peech	
	Spoken Language		
	· =	ve/Alternative Communicatio	n)
L	J Other:		
My child uses (check all that apply):			
☐ Hearing Aid(s)			
	BAHS Hearing Aid	(s)	
	Cochlear Implant(` '	
	No equipment	-,	
	• •		
My child receives early intervention services from:			
☐ BC Family Hearing Resource Centre			
	Deaf Children's Sc	ciety of BC	
	Children's Hearing	g & Speech Centre of BC	
	Not Applicable		
Additional information you would like us to know about your child:			

Upon confirmation of registration the Daycare Manager will contact you to discuss your child and their specific needs.

BRIGHT FUTURES SPECIALIZED CHILDCARE

15220 92nd Avenue, Surrey, B.C., V3R 2T8 PHONE: 604-584-2827

EMAIL: daycare@bcfamilyhearing.com