

**COWICHAN VALLEY YOUTH SERVICES SOCIETY**

294 Coronation Ave, PO Box 743
Duncan, B.C. V9L 3Y1
T 250-748-0232 F 250-746-0032
cvyouth.ca

Youth Registration Form

Date: _____

Welcome to Cowichan Valley Youth Services

I'm interested in:

☐

In-office support

☐

Outreach (The practitioner meets you at a place that works)

☐

Youth Groups and Events

Is your parent /caregiver aware that you have reached out to us?

☐

Yes

☐

No

How did you hear about CVYS? _____

Your Information

Name (First & Last)		Age
Preferred Name		Pronouns
Date of Birth	School	
Address		

How would you like us to contact you?

Phone #	Phone Type: ☐ Cell ☐ Landline
Is this your phone? Yes No	
If you answered "No" please describe (Parent? Other?)	
Secondary Phone #	Phone Type: ☐ Cell ☐ Landline
Is the Secondary Phone yours or a parent/caregiver/other? Please describe:	
Email	
What is the best way to contact you? ☐ Phone ☐ Text ☐ Email	

Please note: our staff are not clinical therapists. We provide supportive, trauma-informed, care.

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