

**BCFFPA Members Only  
Foster Child  
Computer Draw  
Entry Form**

**CONFIDENTIAL – FOR BCFFPA USE ONLY**

Name of Foster Parent Member: \_\_\_\_\_

Address: \_\_\_\_\_ P/C: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

BCFFPA Membership Number: \_\_\_\_\_ Member since: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name and location of school attended: \_\_\_\_\_

Number of years at the school: \_\_\_\_\_ Favorite subjects: \_\_\_\_\_

Social Worker Name: \_\_\_\_\_ Location: \_\_\_\_\_

Social Worker Signature: \_\_\_\_\_

**THANK YOU FOR YOUR ENTRY!**

The information contained in this application is confidential and will not be shared with anyone not entitled to it.

**Submit this form to:**

BC Federation of Foster Parent Associations  
207 - 22561 Dewdney Trunk Road,  
Maple Ridge, BC V2X 3K1

**or fax to:** 604 466-7490