

Tuesday ☐Thursday ☐**FAMILY AND COMMUNITY SERVICES****YOUTH SERVICES GROUP****Registration Form**Program/Group: Schools Out ProgramWorker: Sunju (Sarah) Yoon**DEMOGRAPHICS**

Name			
Gender		Date of Birth (Age)	
Years in Canada		Place of Origin	
Address			
	(Street)	(City/Town)	(Province) (Postal Code)
Tel (Home)		Tel (Cell)	
Language (at home)		E-mail	
School			
Grade		Division	
Preferred means of contact			

IMMIGRATION STATUS☐ Permanent Resident ☐ Citizen ☐ Others _____**IMMIGRATION CATEGORY**

- | | | |
|--|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Federal Skilled Workers | <input type="checkbox"/> Family Class |
| <input type="checkbox"/> Refugee Class (Government Assisted) | <input type="checkbox"/> Refugee Class (Private Sponsored) | <input type="checkbox"/> Other Refugee Class Immigrant |
| <input type="checkbox"/> Humanitarian & Compassionate Class | <input type="checkbox"/> Foreign Live-in Caregivers | <input type="checkbox"/> Canadian Experience Class |
| <input type="checkbox"/> Other immigrants | <input type="checkbox"/> Local Born | |

EMERGENCY CONTACT

Emergency Contact Name	Relationship to Participant	Telephone No.
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PARENT/GUARDIAN INFO

Parent/Guardian Name	Parent/Guardian Phone	Parent/Guardian Email Address
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MEDICAL INFO

Medical Service Plan Number (Care Card No.) _____

Family Doctor's Name _____

Tel _____

Dentist's Name _____

Tel _____

Please list any allergies, dietary preferences, medical conditions below:

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CHILD PICK UP INFOMy child will ☐ Go home by him/self ☐ Be picked up by one of the following person

NAME	RELATIONSHIP TO PARTICIPANT	PHONE NUMBER

Under certain circumstances, S.U.C.C.E.S.S. reserves the right to ask for a proof of identification before picking up your child**CONSENT TO SERVICE**

I understand that information obtained during the course of service is privileged and confidential and may not be released without my written consent, except in the following situations:

- When it is necessary to disclose the information to the personnel of S.U.C.C.E.S.S., funder, regulatory body or accreditation agency who are authorized to receive such information in the course of their duties;
- When it is required by law or by an order of court; and
- When there is reasonable ground to believe that such release will prevent me from harming myself or other people, or being harmed.

All records are the confidential property of S.U.C.C.E.S.S. and are retained in a secure and protected environment which can only be accessed by key personnel. S.U.C.C.E.S.S. is in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA). All data collected from me is used only to: assist S.U.C.C.E.S.S.'s worker in providing service for me; identify me as an eligible client; provide anonymous general statistics to related funders and in presentation to the public; as well as to help conduct general analysis for quality assurance.

I understand that if I have any concerns regarding the program or staff, I can contact the staff-in-charge.

I hereby give my permission to S.U.C.C.E.S.S. to use photos, a facsimile thereof or electronic image(s) in which I appear during the program. These photos or facsimiles may be reproduced by S.U.C.C.E.S.S. in print materials such as brochures and news articles. Electronic image(s) may be used in media such as the S.U.C.C.E.S.S. website, television news items or a video production.

I have read and understood the above agreement and agree to abide by the information herein.

NAME_____
SIGNATURE_____
DATE_____
PARENT/GUARDIAN NAME_____
PARENT (GUARDIAN) SIGNATURE_____
DATE