S.U.C.C.E.S.S.

Tuesday ☐

Thursday ☐

# FAMILY AND COMMUNITY SERVICES

## YOUTH SERVICES GROUP

## Registration Form

**Program/Group:** **Schools Out Program** **Worker:** **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

☐ Business ☐ Federal Skilled Workers ☐ Family Class

☐ Refugee Class (Government Assisted) ☐ Refugee Class (Private Sponsored) ☐ Other Refugee Class Immigrant

☐ Humanitarian & Compassionate Class ☐ Foreign Live-in Caregivers ☐ Canadian Experience Class

☐ Other immigrants ☐ Local Born

### EMERGENCY CONTACT

| Emergency Contact Name | Relationship to Participant | Telephone No. |
|---|---|---|
| | | |

### PARENT/GUARDIAN INFO

| Parent/Guardian Name | Parent/Guardian Phone | Parent/Guardian Email Address |
|---|---|---|
| | | |

## 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:

## CHILD PICK UP INFO

My 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.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 |