



Registration Form

Student Information

Last Name	First Name	Preferred Name	
Address		City	Postal Code
Date of Birth (YY/MM/DD)	School	Grade	
Care Card #:	Contact Number	Length in Canada	Place of Birth
Child Welfare Legal Status (if any)			
<input type="checkbox"/> Temporary care	<input type="checkbox"/> Permanent care	<input type="checkbox"/> Alumni (formerly in permanent care)	
Do you identify with a population over-represented in child welfare?			
<input type="checkbox"/> Aboriginal/First Nation/Metis/Inuit		<input type="checkbox"/> Black / Biracial	
<input type="checkbox"/> Others:			

Parent / Guardianship Information

Last Name	First Name	Relationship to Student
Home Phone	Cell Phone	Email Address
Last Name	First Name	Relationship to Student
Home Phone	Cell Phone	Email Address

Emergency Contact

Last Name	First Name	Relationship to Student
Emergency Contact Number		Preferred Language
Last Name	First Name	Relationship to Student
Emergency Contact Number		Preferred Language



Important Health and Support Information

The information you provide will be confidential. It is to assist staff to best support your child and to ensure their success in this program. Generations Homework Club is designed to support students who may be hesitant to engage with traditional tutoring or mentoring programs due to extenuating circumstances. As such, staff and volunteers receive specialized training to effectively address a wide range of challenges these students may encounter.

Does the student have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student have any health concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student take any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Is the student diagnosed with a Special Learning need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Is the student suspected to have a Special Learning need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student have an Educational Assistant at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		

Please tell us about your child's educational **strengths** in school. (maximum 100 words).

Please tell us about your child's educational **challenges** in school. (maximum 100 words)

What are your expectations for *GHC*? Check only one option in each category.

ACADEMIC IMPROVEMENT (e.g., complete course, improve grade, apply to post-secondary)

☐ NO, this will make it worse

☐ NO, this won't really help

☐ YES, this will help somewhat

☐ YES, this will help a great deal

BEHAVIOURAL GAINS (e.g., improve school attitude, improve attendance, improve writing)

☐ NO, this will make it worse

☐ NO, this won't really help

☐ YES, this will help somewhat

☐ YES, this will help a great deal

SOCIAL IMPROVEMENT (e.g., improve peer relations, improve instructor relations)

☐ NO, this will make it worse

☐ NO, this won't really help

☐ YES, this will help somewhat

☐ YES, this will help a great deal

EMOTIONAL GAINS (e.g., improve confidence in school, improve confidence in subject)

☐ NO, this will make it worse

☐ NO, this won't really help

☐ YES, this will help somewhat

☐ YES, this will help a great deal



CONNECTIONS
COMMUNITY SERVICES SOCIETY

In which academic areas do your child need support? (Check all that apply)

☐ English ☐ Math ☐ Social Science ☐ Writing Skills ☐ EEL

At what academic level does your child work?

☐ Works below grade level ☐ Works at grade level ☐ Works above grade level

How does your child interact with his/her peers?

☐ Positively ☐ Little to no interaction ☐ Negatively/aggressively

How does your child interact with authority figures?

☐ Respectful ☐ Challenging ☐ Defiant

How would you describe your child's self-esteem?

☐ Healthy ☐ Over-compensates ☐ Struggling ☐ Negative

Does your child receive additional support at school?

☐ Yes ☐ No

If **yes**, what type(s) of support?

Other comments, notes or helpful resources when working with your child:

All information collected will be used for the sole purpose of Connections Community Services Society programming. All information is confidential and will not be shared with any third-party groups except staff & tutors.



Program Activities Participation Consent

I, _____, hereby authorize the applicant, _____ 's participation in the Generations Homework Club supported by Connections Community Services Society (CCSS). I understand and acknowledge that each participant must assume the risk and any related financial responsibility that could result from participation in the activities provided by the Connections Community Services Society and its partners. I agree to assume such risks and responsibilities.

I understand that CCSS or their partner agencies are not responsible for the providing or administering of medication to any youth. I agree to make arrangements for my child to have all the necessary medications that they need and the means to take them when required. In case of sickness or accident, CCSS has my approval to secure such medical attention as deemed necessary if I am unable to be contacted. I further understand that neither CCSS, nor any of its paid or volunteer workers can be held responsible in the event of an accident.

I also authorize CCSS staff and volunteers (tutors) to collect information that will help evaluate the effectiveness of the program. Any information collected will be confidential and any reports or summaries made will not identify participants.

I have provided accurate information and disclosed all relevant medical details and any other information that may impact on the participation and supervision of the applicant.

By signing this form I declare that I have fully read the forms and HEREBY RELEASE AND FOREVER DISCHARGE Connections Community Services Society, its employees, volunteers, directors/agents, partners, and funders of and from all manner of actions, causes, claims, and demands of whatsoever nature which my child may have in respect of any injury, loss or expense he/she sustain arising out of or in any way connected with his/her participation in CCSS Generations Homework Club.

Consent for Photography (check box that applies)

Furthermore, I Do ☐ / Do Not ☐ give permission to the employees and volunteers or CCSS to take pictures of the applicant and use the resulting photographs in promotional materials developed by the organization. This consent is valid for one year from the date of this form and may be cancelled at any time by writing CCSS.

Name of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____