

Date _____ Group _____

I am registering myself ► year of birth _____

or a child to whom I am parent, guardian or caregiver

Child's year of birth _____ School _____ Grade _____

Child's name _____
First name Last name

Name _____
First name Last name

Address _____

_____ City Prov Postal code

Telephone number _____
Daytime Evening

Email _____

Language(s) spoken in the home _____

Have you lived in Canada less than three years yes no

Information you would like the facilitator to know

(Include information such as: social skill strengths and challenges, medical concerns etc.)

How did you hear about this group?

brochure community agency newspaper recreation guide

school word of mouth other _____

Collection and use of personal information

Personal information is collected in accordance with section 3 the *Municipal Government Act* and the *Family and Community Support Services Act*. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. The information collected is used for program planning and evaluation purposes. If you have any questions about the collection and use of the information, contact the Manager, Family Supports at 780-464-4044.

For office use only

Cost centre _____ Date of payment _____

Fee _____ plus GST Total _____ Subsidy no yes ► amount _____

Method of payment cash cheque debit M/C Visa

Staff name _____