

## **Family Centre Registration Form**

**Family Centre Empowers children and families through programs, resources, and connections.** In accordance with the Freedom of Information Policy, and the Personal Information Protection Act, we are collecting this information for program, demographic, and reporting purposes. We will <u>not</u> pass on your personal information unless we are legally required to do so.

|  | Does your family access | Coalbanks Elementary Se | chool? Yes 🗌 No 🗌 |  |
|--|-------------------------|-------------------------|-------------------|--|
|--|-------------------------|-------------------------|-------------------|--|

| Parent/Guardian/(                               | Caregiver Information                      | (please print)                            |  |                        |  |
|---|--|---|--|------------------------|--|
| Legal First Name:                               | Preferred N                                | lame:                                     | Legal Last Name:   |                        |  |
|   |  |   |  |                        |  |
| Candar / Dranaura :                             |  | Dele in heurech                           | ld (Derent Orendrevent Ob  |                        |  |
| Gender / Pronouns :                             | Birthdate: DD/MM/YYY                       | Role in nousen                            | old (Parent, Grandparent, Chi                                      | id, etc)               |  |
|   |  |   |  |                        |  |
| Address: City:                                  |  |   |  |                        |  |
|   |  |   |  |                        |  |
|   |  |   | Marile Discussion  |                        |  |
| Postal Code:                                    | Home Phone:                                | Cell Phone:                               | Work Phone:  |                        |  |
|   |  |   |  |                        |  |
| Email Address:                                  |  |   |  |                        |  |
| ** We do not sell. rent. c                      | or lend our email list to anyone. You will | receive only emails which are rele        | evant to Family Centre and you may unsub                           | scribe at any time. ** |  |
| , ,   | ,  | ,   |  | ,                      |  |
|   |  |   |  |                        |  |
|   |  |   |  |                        |  |
| Background Infor                                | mation                                     |   |  | Initial                |  |
| •   | u safe and not at risk to be h             | armed? Ves                                | No   |                        |  |
| Do you have a physical                          |  |   | nswered "yes", please provide                                      | For Office Use Onl     |  |
| Do you have a develop                           | -  |   | iswered yes, please provide  |                        |  |
| Do you have special me                          | -  |   |  |                        |  |
| Do you have special me                          |  | <b>5</b>                                  |  |                        |  |
| Do you identify as Ind<br>Are you new to Canado |  | rant? 🗌 Yes Ref<br>ng have you been in Co | Fugee? Ves<br>anada? Year(s)                                       |                        |  |
| In Case of Emerg                                | ency                                       |   |  |                        |  |
| In case something hap                           | pens to me while I am at Fo                | amily Centre, please co                   | ontact:  |                        |  |
| Name:   |  | Phone Number:                             | Relationship:  |                        |  |
|   |  |   |  |                        |  |
|   |  |   |  |                        |  |
| If this is a spouse, ple                        | ase provide their birthdate                | e for data purposes: D                    | D/MM/YYY   |                        |  |
| Disclaimer:                                     |  |   |  |                        |  |
|   | aintration form to participate             | in programming offered                    | h by Eamily Control Lwill rear                                     | oot the                |  |
| •   | •  |   | by Family Centre. I will response                                  |                        |  |
|   |  | -   | n the condition that I found the<br>at to me while on Family Centr |                        |  |
| i understand that Family                        | y Centre will not be neid resp             | onsible for any acciden                   | it to me while on Family Centr                                     | e premises.            |  |
| Signature (Parent/Guar                          | rdian).                                    |   | ate:   |                        |  |
| orginature (r archivouar                        |  | Da  |  |                        |  |
|   |  |   |  |                        |  |
|   |  |   |  |                        |  |
| Plea  | ase add additional family                  | members on the rev                        | verse side of this page.   |                        |  |

| Legal First Name:   | Preferred Name: | Legal Last Name:                                    |  |  |  |
|---|-----------------|---|--|--|--|
|   |                 |   |  |  |  |
| Gender / Pronouns : Birthda   | ate: DD/MM/YYYY | Role in household (Parent, Grandparent, Child, etc) |  |  |  |
| Do you have a physical disabili   | ty? Yes         | If you answered "yes", please provide details:      |  |  |  |
| Do you have a developmental   | -               |   |  |  |  |
| Do you have special medical of  |                 |   |  |  |  |
| Do you identify as Indigenous   |                 |   |  |  |  |
| Are you new to Canada? Yes  | S How long have | e you been in Canada? Year(s)                       |  |  |  |
| Legal First Name:   | Preferred Name: | Legal Last Name:                                    |  |  |  |
|   |                 |   |  |  |  |
| Gender / Pronouns : Birthda   | ate: DD/MM/YYYY | Role in household (Parent, Grandparent, Child, etc) |  |  |  |
|   |                 |   |  |  |  |
| Do you have a physical disabili   | -               | If you answered "yes", please provide details:      |  |  |  |
| Do you have a developmental of Do you have special medical co   |                 |   |  |  |  |
| Do you identify as Indigenous   |                 | rant? Yes Refugee? Yes                              |  |  |  |
| Are you new to Canada? Yes  |                 | e you been in Canada? Year(s)                       |  |  |  |
|   |                 | •   |  |  |  |
| Legal First Name:   | Preferred Name: | Legal Last Name:                                    |  |  |  |
|   |                 |   |  |  |  |
| Gender / Pronouns : Birthda   | ate: DD/MM/YYYY | Role in household (Parent, Grandparent, Child, etc) |  |  |  |
|   |                 |   |  |  |  |
| Do you have a physical disabili   | -               | If you answered "yes", please provide details:      |  |  |  |
| Do you have a developmental   | -               |   |  |  |  |
| Do you have special medical concerns? Yes   |                 |   |  |  |  |
| Do you identify as Indigenous? Yes Immigrant? Yes Refugee? Yes Are you new to Canada? Yes How long have you been in Canada? Year(s) |                 |   |  |  |  |
| Legal First Name: Preferred Name: Legal Last Name:  |                 |   |  |  |  |
|   |                 |   |  |  |  |
| Gender / Pronouns : Birthda   | ate: DD/MM/YYYY | Role in household (Parent, Grandparent, Child, etc) |  |  |  |
|   |                 |   |  |  |  |
| Do you have a physical disabilit  | ty? Yes         | If you answered "yes", please provide details:      |  |  |  |
| Do you have a developmental of  |                 |   |  |  |  |
| Do you have special medical co  | oncerns? Yes    |   |  |  |  |
| Do you identify as Indigenous? Yes Immigrant? Yes Refugee? Yes Immigrant?   |                 |   |  |  |  |
| Are you new to Canada? Yes How long have you been in Canada? Year(s)  |                 |   |  |  |  |
| Legal First Name:   | Preferred Name: | Legal Last Name:                                    |  |  |  |
|   |                 |   |  |  |  |
| Gender / Pronouns : Birthdate: DD/MM/YYY Role in household (Parent, Grandparent, Child, etc)  |                 |   |  |  |  |
| Do you have a physical disability? Yes I If you answered "yes", please provide details:   |                 |   |  |  |  |
| Do you have a developmental disability? Yes   |                 |   |  |  |  |
| Do you have special medical concerns? Yes   |                 |   |  |  |  |
| Do you identify as Indigenous? Yes Immigrant? Yes Refugee? Yes Are you new to Canada? Yes How long have you been in Canada? Year(s) |                 |   |  |  |  |