

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 🗌	
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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. **	
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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		5			
Do you identify as Ind Are you new to Canado		rant? 🗌 Yes Ref ng have you been in Co	Fugee? Ves 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 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)			
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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)					