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| **TICIPANT INFORMATION** |
| First Name: | Last Name: | Gender:  [ ]  Male [ ] Female [ ]  Other |
| Date of Birth (YYYY-MM-DD): | Current grade level: | School Name (if known): |
| C:\Users\jcancio\Desktop\PR#.png*\*The Permanent Residence Number or Client ID Number (UCI) is an* ***eight (8) or ten (10) digit number listed on your Permanent Resident Card or landing papers****. This number is only used for registration tracking purposes, and will be kept confidential.*Permanent Residence Number (UCI):  |
| Country of Birth: | Date of Arrival in Canada: | Family Language(s): |
| **PARTICIPANT HEALTH & MEDICAL INFORMATION** |
| Alberta Healthcare Number:  |
| Medical Concerns / Allergies: |
| Food Restrictions: |

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| **NOW REGISTRATION** **PARENT INFORMATION** |
| Guardian 1 Name: | Phone Number: | E-mail: |
| Guardian 2 Name: | Phone Number: | E-mail: |
| Address: | Postal Code: |
| Emergency Contact Name **(if different from above):** | Phone Number: |

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| **INFORMATION RELEASE & CONSENT TO FUTURE RESEARCH** |
| Dear Parent(s)/Guardian(s),The Mentorship Program is funded by Immigration, Refugees and Citizenship Canada (IRCC); and in order to support your ongoing settlement needs, our funder asks for your permission to contact you in the future. Any information collected from you will be protected under the authority of Alberta’s Freedom of Information and Protection of Privacy Act (FOIP). I hereby give consent for IRCC to obtain information to support research and obtain future funding for programs that serve newcomer families and youth in Canada.[ ]  **Yes** [ ]  **No** |
| **ACKNOWLEDGEMENT FOR PROGRAM RESEARCH PARTICIPATION**  |
| Part of participating in the Mentorship Program means your child will be invited to participate in surveys and focus groups. The purpose of this research is to evaluate our program and ensure we continue to offer excellent services to newcomer youth. All surveys and focus groups are confidential. This means that your child’s name and/or identity will never be shared with anyone outside of CBFY. **I have read and understand the information provided.** [ ]  **Yes** [ ]  **No** |
| **EMERGENCY ACKNOWLEDGEMENT** |
| In case of an emergency or illness, we will make every effort to contact the parents/guardians. In the event that contact cannot be made, I agree that a qualified medical professional may attend to my child(ren).[ ]  **I agree** [ ]  **I do not agree** |
| **MEDIA RELEASE WAIVER** |
| The Calgary Bridge Foundation for Youth may film, photograph, produce electronic images, and provide the opportunity for my child(ren) to participate in social media coverage (e.g. Facebook and Twitter) of our programs, or media interviews.[ ]  **I agree** [ ]  **I do not agree** |
| **PERMISSION TO CONTACT / SEND INFORMATION** |
| I give consent for any staff member of the Mentorship Program to send me information about the program **via email** (in the form of individual or bulk messages), or on behalf of the Calgary Bridge Foundation for Youth.[ ]  **Yes** [ ]  **No** |
| **PROGRAM LIABILITY WAIVER** |
| I give permission for my child(ren) to participate in Mentorship Program activities. I release the Calgary Bridge Foundation for Youth of any responsibility and/or liability, with respect to any on or off site program activities that may cause injury, loss or damage to the participant or their property. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent / Guardian Signature Date** |

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| **For internal use only** |
| Follow-up phone call completed (staff to indicate date phone call was made and who they spoke to) |  |
| Name of staff who completed phone call |  |
| Did parent/guardian confirm youth registration? [ ]  **Yes** [ ]  **No** |