COOL AID SOCIETY

YOUTH DROP-IN PROGRAMS

REGISTRATION FORM

Date Registration Received:	Staff Signature	
YOUTH INF	ORMATION	
First name:	Last name:	
Address:		
(street number, street name, city, postal code)		
School:	Grade:	
	(as of September 1st)	
Date of birth (month-day-year):	Age:	Gender: M □ F □ Other □

PARENT OR GUARDIAN CONTACT INFORMATION					
Relationship to the youth: Home/Work Phone: Cell Phone: Email:					
Mother's name:					
Father's name:					
Other, specify:					

IN CASE OF EMERGENCY			
Relationship to the youth:	Home phone:	Work phone:	Cell phone:

MEDICAL CONDITIONS OR RESTRICTIONS

Are there any medical, I	earning disabilities or behavioural conditions that the staff should be aware of?
Does your child have an	aid at school? Yes No
Are there any individual	s who cannot have contact with or pick up the youth?

DISCLAIMERS				
(initial)	I understand that my child(ren) and I, as the parent must have read, understand, and follow the guidelines for operating the centres during COVID-19.			
(initial)	I understand that my child will participate in activities at Cool Aid Society. These activities will take place on our premises, public playgrounds, or other locations in Grande Prairie.			
(initial)	I understand that my child will be supervised while they are at the Centre or during activities outside of the Centre. I also understand that I will not hold Cool Aid Society responsible if my child is injured or loses their property.			
(initial)	I understand that my child may be photographed while at Cool Aid Society. These pictures may also be used on our website, social media, proposals, or reports.			
(initial)	I understand that Cool Aid Society is a drop-in centre and that rules must be obeyed. If your child is misbehaving the parent/ guardian will be contacted regarding their child's behaviour and a plan will be developed to address the situation. If the behaviour persists the parent/guardian will be contacted and asked to come and get the child. If there is no improvement in the behaviour the child will be asked not to return to the program.			

Parent/guardian Signature	Today's Date

COOL AID SOCIETY Family Profile

The Cool Aid Society is a non-profit and charitable organization. Our funding is obtained by the generous financial support of government, foundations, corporations and individuals. The following information is necessary for our records and the funding our organization receives. Your confidential information will not be revealed in conjunction with your name and your child to anyone and is bundled with groups of information for funding requests. Your cooperation in providing this information is both appreciated and necessary.

Da	ate:	_			
1.	What is your current relationship status?				
	□ Married/common law	□ Separated/divorce	□ Single		
	□ Widowed	□ Other			
2.	What is the highest level of education you completed?				
	\Box Less than high school	□ High school diploma	□ Trade/technical training		
	□ College diploma/degree	□ Undergraduate degree	□ Graduate or more		
3.	What is your employment status?				
	Employed, full time	Employed, part time	□ Not employed		
	\Box Disabled, not able to work	□ Retired			
4.	What is your current household income?				
	□ \$0 to \$29,999	□ \$30,000 to 69,999	□ \$70,000 to \$99,999		
	□ \$100,000 and more	□ Prefer not to answer			
5.	Do you receive financial government assistance?				
	□ Yes	□ No	Prefer not to answer		
6.	Has your family had to go to the food bank this year?				
	□ Yes	□ No	Prefer not to answer		
7.	How many children (ages 17 or younger) are in your family and live with you?		d live with you?		
	□ 1	□ 2	□ 3		
	☐ More than 3				
8.	Who do your child(ren) live with	1?			
	□ Both parents	□ Mother	□ Father		
	\Box Shared custody	□ Other			