

COOL AID SOCIETY: Southside Centre

YOUTH DROP-IN PROGRAMS REGISTRATION FORM

Date Registration Received:	Staff Signature
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YOUTH INFORMATION		
First name:	Last name:	
Address: <small>(street number, street name, city, postal code)</small>		
School:	Grade: <small>(as of September 1st)</small>	
Date of birth (month-day-year):	Age:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>

PARENT OR GUARDIAN CONTACT INFORMATION			
Relationship to the youth:	Home phone:	Work phone:	Cell phone:
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, learning disabilities or behavioural conditions that the staff should be aware of?
Does your child have an aid at school? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any individuals 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 of Cool Aid Society. These activities will take place at the Southside Centre or at public playgrounds.
_____ (initial)	I understand that my child will be supervised while s/he is 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 losses her/his property.
_____ (initial)	I understand that my child may be photographed at Centre. Pictures are taken to provide Cool Aid Society with a sense of history of the youth, activities and the organization. These pictures may be used on our website, Facebook, 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 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 child will be asked not to return to the program.

_____ Parent/guardian Signature	_____ Today's Date
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COOL AID SOCIETY

Southside Centre

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.

Date: _____

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?

- 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
 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?

- 1 2 3
 More than 3

8. Who do your child(ren) live with?

- Both parents Mother Father
 Shared custody Other