

* denotes form fields below required

CONTACT INFORMATION

Child's Name*			
Date of Birth*		Age	
Address*			
City		Postal Code	
Phone Number			
Email Address			
*What is your heritage/cultural identity?			
Languages Spoken			
*Were you born in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, how long have you lived in Canada?	<input type="checkbox"/> Less than one year	<input type="checkbox"/> One to three years	
	<input type="checkbox"/> 4 to 10 years	<input type="checkbox"/> More than 10 years	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name*			
If Guardian, please note relationship:*			
Date of Birth			
Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can we call you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of Employer			
Work Phone Number			
Are you unemployed?	<input type="checkbox"/> EI?	<input type="checkbox"/> Social Assistance?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Disability?	<input type="checkbox"/> Other _____
Are you a student?			
Name of School			
Are you or your child involved with any other community agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Agency Name	
Staff Contact	

OTHER PARENT

Parent's Name			
Phone Number			
Email Address			
Address			
City		Postal Code	
Relationship with Child			
What type of relationship does your child have with the other parent?			
If you are a single parent with custody, what are the visiting rights of the other parent? Do they use these rights? What are the access arrangements?			
Is the other parent aware of your application for the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, how do they feel about this?			

EMERGENCY/MEDICAL INFORMATION

Emergency Contact (Other than Parent/Guardian) *			
Home Phone*		Other Phone	
Relationship to Child*			
Alberta Health Care #			
Does your child have any specific medical conditions, allergies, or other concerns we should know about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe.			

SCHOOL INFORMATION

School	
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FAMILY HISTORY/SITUATION

Does anything prevent your child from fully participating in the program?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.			
Who else lives in your home?			
Name:	Age/Gender:	Relationship:	

ADDITIONAL DEMOGRAPHICS

*What is your heritage/cultural identity?			
Languages Spoken			
*Were you born in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, how long have you lived in Canada?	<input type="checkbox"/> Less than one year	<input type="checkbox"/> One to three years	
	<input type="checkbox"/> 4 to 10 years	<input type="checkbox"/> More than 10 years	

CONFIDENTIALITY

Just as we have to share information with you about the Mentor we select for your child, we need to share information with the volunteer about you and your child. Is there anything here that you do not want shared with a volunteer?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please clearly state what information you <u>do not</u> want shared.		

The answers you have given will help us to do our best for your child. Please be sure to advise us of any changes in your home situation, such as address changes, relationship changes, etc.

SIGNATURE OF PARENT/GUARDIAN

DATE