

Registration Form 2018

Wahkohtowin Strengthening Families Program

All information provided is strictly confidential, and will be used only to process your application and provide meaningful service to your family. Please select your site preference (if no preference, please leave blank):

- | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ka Ni Kanichihk Inc.
455 McDermot Ave.
Tuesdays: 5 – 8pm | <input type="checkbox"/> Ndinawemaaganag Endaawaad Inc.
472 Selkirk Ave., Mondays: 5 – 8pm |
| <input type="checkbox"/> Spence Neighbourhood Association
365 McGee St. (West End Commons)
Thursdays: 5 – 8pm | <input type="checkbox"/> Bilal Community and Family Centre
33 Warnock St.
Wednesdays 5 – 8pm |

Section A: Family Information

Name of person registering: _____

How should we reach you? Cell phone Home phone Email Facebook

Phone & Address: _____

Email /Other contact info: _____

Cultural Background: _____

Emergency Contact: _____

How did you hear about our program? _____

Will language interpretation services be required? If so, what is the preferred language of communication? _____

Is transportation required to and from program? Yes No

Is child care needed for any children under 10? Yes No

Are there any special dietary needs in the family? Yes No

If yes, please describe: _____

Does anyone in the family have an allergy and/or carry an epi-pen? Yes No

If yes, please describe: _____

Please list all the children and youth(s) who will attend program (Including those who need childcare):

Name of Child	Gender	Date of Birth	Age

Please list all the adults (including yourself) who will attend program:

Name of Adult	Date of Birth	Age	Relationship to youth in program (parent, guardian, mentor, etc.)

Please describe medical or health information regarding adults and children who plan to attend SFP (such as diabetes, learning disabilities, literacy needs, diagnosis, other).

Are there any other supports involved with your family you'd like to share with us? (Extended family, alternate caregivers, programs, schools, etc.)

Section B: Family History – Confidential and protected

Youth (aged 11-17, if more than one, please use initials): In the past year, have you experienced or engaged in any of the following:

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> School suspensions | <input type="checkbox"/> Fighting with siblings |
| <input type="checkbox"/> Arguments with friends | <input type="checkbox"/> Drug selling |
| <input type="checkbox"/> Peer pressure | <input type="checkbox"/> Alcohol use issues |
| <input type="checkbox"/> Police or legal involvement | <input type="checkbox"/> Gang / street work involvement |
| <input type="checkbox"/> Running away from home | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Recent Refugee to Canada |
| <input type="checkbox"/> CFS Involvement | <input type="checkbox"/> Recent Immigrant to Canada |
| <input type="checkbox"/> Staying out past curfew | <input type="checkbox"/> Car theft |
| <input type="checkbox"/> Leaving home without permission | <input type="checkbox"/> Risky sexual behaviour |
| <input type="checkbox"/> Fear of gang recruitment | <input type="checkbox"/> Feeling isolated |
| <input type="checkbox"/> Made threats of physical violence | <input type="checkbox"/> Suicidal threats or attempts |
| <input type="checkbox"/> Homicide threats | <input type="checkbox"/> Self-injuring behaviour (cutting) |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Victim of racism or discrimination |
| <input type="checkbox"/> Foster care placement | <input type="checkbox"/> Lack of meaningful recreation opportunities |
| <input type="checkbox"/> Drug use issues | <input type="checkbox"/> Disconnected from culture |
| <input type="checkbox"/> Group home placement | <input type="checkbox"/> Arguing with parents / caregivers |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diagnosed mental health issue |
| <input type="checkbox"/> Witness or experience traumatic event | <input type="checkbox"/> Anxiety |

Parent/Adult: In the past year, have you experienced or engaged in any of the following:

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Fighting with spouse | <input type="checkbox"/> Feeling isolated |
| <input type="checkbox"/> Arguments with friends | <input type="checkbox"/> Drug selling |
| <input type="checkbox"/> Peer pressure | <input type="checkbox"/> Alcohol use issues |
| <input type="checkbox"/> Police or legal involvement | <input type="checkbox"/> Gang/street work involvement |
| <input type="checkbox"/> Shoplifting | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Recent Refugee to Canada |
| <input type="checkbox"/> Victim of racism or discrimination | <input type="checkbox"/> Recent Immigrant to Canada |
| <input type="checkbox"/> Car theft | <input type="checkbox"/> Family violence |
| <input type="checkbox"/> Risky sexual behaviour | <input type="checkbox"/> Disconnected from culture |
| <input type="checkbox"/> Fear of gang recruitment | <input type="checkbox"/> Diagnosed mental health issue |
| <input type="checkbox"/> Made threats of physical violence | <input type="checkbox"/> Suicidal threats or attempts |
| <input type="checkbox"/> Homicide threats | <input type="checkbox"/> Self-injuring behaviour (cutting) |
| <input type="checkbox"/> CFS Involvement | <input type="checkbox"/> Lack of meaningful employment opportunities |
| <input type="checkbox"/> Lack of housing supports | <input type="checkbox"/> Drug use issues |
| <input type="checkbox"/> Depression and/or anxiety | <input type="checkbox"/> Witness or experience traumatic event |
| <input type="checkbox"/> Financial struggles | <input type="checkbox"/> Fear of social services |