

Ka Ni Kanichihk
The Butterfly Club
Application Form

455 McDermot Ave,
Winnipeg, Manitoba, R3A 0B5
Phone: 204-953-5820 ext.227
Fax: 204-953-5824
Email: bfc@kanikanichihk.ca

PLEASE READ CAREFULLY BEFORE YOU SIGN

To the best of my knowledge, I certify that the information contained in this application is true and correct. I realize that any false information contained in this application may result in my disqualification from Ka Ni Kanichihk Inc. I hereby authorize the disclosure to Ka Ni Kanichihk Inc. of any information from any source for the purpose of verifying and/or investigating this application.

I understand that Ka Ni Kanichihk Inc. may share relevant information regarding the butterfly club and sisters' circle programs with program partners for funding, promotional, or other purposes, without identifying individual participants.

Privacy Notice: I understand this application and information in my file is the property of Ka Ni Kanichihk Inc. should The Butterfly Club cease to exist. Ka Ni Kanichihk Inc. values our relationship with you and respects your privacy. We do not sell or barter your information to third parties. Any disclosure of your information will be done with your consent and with appropriate safeguards taken under circumstances outlined in our Privacy Code.

Privacy Consent:

I understand and acknowledge that Ka Ni Kanichihk Inc collects uses and discloses my personal information on the basis outlined in Ka Ni Kanichihk Inc. Privacy Code, a copy of which I may obtain upon request. By requesting Ka Ni Kanichihk Inc. services, I hereby consent to the collection, use and disclosure of my personal information by Ka Ni Kanichihk Inc. on such basis.

Signature of Parent/ Guardian

Date

Participant Registration Form

Youth's Information

First Name	Middle Name	Last Name
------------	-------------	-----------

Address (ex. Apartment number, Street Number, Street Name, City, Postal Code)

Full Status _____ Non-status _____ Métis _____ Inuit _____ Non-Aboriginal _____

Date of Birth (ex. December 31 2015)	Primary phone number
--------------------------------------	----------------------

Guardian Information

First Name	Last Name	Relationship to Youth
------------	-----------	-----------------------

Address (ex. Apartment number, Street Number, Street Name, City, Postal Code)

Home Phone	Cell Phone	E-mail address
------------	------------	----------------

Employer Name	Work Number	Yes No Primary Caregiver (circle)
---------------	-------------	---

Guardian Information

First Name	Last Name	Relationship to Youth
------------	-----------	-----------------------

Address (ex. Apartment number, Street Number, Street Name, City, Postal Code)

Home Phone	Cell Phone	Alternate phone
------------	------------	-----------------

Employer Name	Work Number	Yes No Primary Caregiver (circle)
---------------	-------------	---

Emergency Contact

First Name _____ Last Name _____ Relationship to Youth _____

Address (ex. Apartment number, Street Number, Street Name, City, Postal Code) _____

Home Phone _____ Cell Phone _____ Work Number _____

Medical Information

Doctor's Name _____ Address (ex. Apartment number, Street Number, Street Name, City, Postal Code) _____

Office Phone Number _____ MHSC 6 Digit Number _____ PHIN 9 Digit Number _____

Allergies or Medical Concerns _____ Medication _____

Additional Family Supports

Agency _____

Worker Info

Name: _____ Contact Number: _____

- Social worker
- Family enhancement worker
- Support work
- Other: _____

How did you hear about The Butterfly Club?

Attendance Policy

If your participant can not attend program please call (204-953-5820) any time before program to let us know, if you get the answering machine please leave a message.

- ❖ If a participant misses 3 program nights in a row **without calling** in advance it will result in immediate removal from the program.
- ❖ If a participant misses 8 program nights within the duration of program, **with or without calling**, it may result in removal from the program.

*Exceptions for loses, illnesses, etc.

Parent/Guardian Name (print)

Youth Name (print)

Consent to Travel Form

While at Ka Ni Kanichihk receiving services there may be scheduled outings, special events off site, and program activities away from office, etc.

This will be sufficient authorization for Ka Ni Kanichihk’s Butterfly Club to travel with the program participants to desired locations via vehicle, transit bus, taxi cab, or whichever deemed necessary to desired locations.

I, _____ hereby give my consent for my youth to travel away from 455 McDermot ave with program staff and participants.

Parent/Guardian Signature

Date

Consent for the Release of Information Form

I, _____ hereby authorize the release of relevant
Guardian’s name
information pertaining to my youth’s attendance and performance to all applicable sources (funders, other Ka Ni Kanichihk programs, etc.).

Parent/Guardian Signature

Date

Consent to Photograph

While at Ka Ni Kanichihk receiving services there may be a request to photograph participants, program activities etc. for use in promotional materials, annual reports or media release etc. This will be sufficient authorization for Ka Ni Kanichihk to use any photographs taken for said purposes.

I, _____ give my youth _____
consent for their photograph to be used.

Parent/Guardian Signature

Date

Transportation

Do you require bus tickets?

No

Yes:

○ Bus tickets (2 per person): ___youth & ___ adult

Pick-ups

For the safety of our children, Ka Ni Kanichihk’s Butterfly Club requires that **anyone picking up our participants must be on the following “Safe pick-up list” and have valid identification** (if someone on this list has no ID, you must be present and introduce them to all staff before they will be allowed to pick-up the youth).

I understand that if the individual picking up my youth (_____) is not on the following “Safe pick up” list and does not have valid identification, we cannot allow the youth to leave with them. I also understand that my youth **MUST** be picked-up within half an hour of the program/outing/event end time.

Parent/Guardian Signature

Date

Safe Pick-up List*

Full Name *Please include yourself*	Phone Number(s)	Relationship to youth

If need more space, please continue on back of form.

NOT ALLOWED List

Name	Relationship to youth

Program Information

The Butterfly Club runs two separate programs weekly, with joint monthly outings and special events.

The Butterfly Club provides a safe space for Indigenous girls and two spirit youth [ages 9-13] with emerging leadership skills, to form supportive friendships through programming focusing on Indigenous cultural reclamation, environmental stewardship, self-development, and involvement in the Indigenous community.

The Sisters' Circle is a project-based mentoring program for Indigenous girls and two spirit youth [ages 9-13] to further develop their leadership skills. Curriculum mirrors the Butterfly Club, but projects require maturity, patience and a drive to complete what is started, with moderate support. This program may not be for your participant if they require one-on-one support.

Program of choice:

- The Butterfly Club [ages 9-13]*
- The Sisters' Circle [ages 9-13]*

*your participant may not get into the program of choice,
but will be placed into the program of best fit

Select the statements that sound like your youth (or can be filled out with participant):

- I am shy in front of others, and don't like speaking in front of groups
- I am outgoing and enjoy discussing my day and interests with others
- I tend to want to hang out with people who are older or more mature, some might call me mature
- I enjoy playing pretend, being active, and goofing around with my friends
- I require new activities regularly to keep me engaged
- I can concentrate on a task that interests me for a fairly long time, some might call me patient
- I like to put effort into a craft or activity for a fairly long time without guidance and support, I often complete the crafts I begin
- I often require guidance and support to finish what I start, but will be so proud once I do
- I regularly smudge, attend ceremony, and know a fair amount about my culture
- I'm not too involved/don't know much about my culture yet, but I'm excited to learn

Behavioral Contract

This is to be gone over and filled out with the participant.

I, _____, recognize that my behavior determines my safety and success in the Butterfly Club. My behavior not only has consequences for me, but effects the learning environment for others as well.

The expectations of Butterfly Club are as follows, (participant initials please):

____: I will stay in the classroom where programming is unless given permission by staff.

____: I will make an effort to participate in Butterfly Club activities.

____: I will listen to directions from all program staff.

____: I will not distract other youth who are participating in activities.

____: I will not touch other participants or their belongings unless given permission.

____: I will treat staff and other participants with respect.

____: I will ask when I need to leave the room for the washroom or any other reason.

If these expectations are violated, I can be removed either temporarily or permanently from the Butterfly Club.

WE THE UNDERSIGNED AGREE THAT IF THE ABOVE EXPECTATIONS ARE VIOLATED BY THE NAMED PARTICIPANT, THAT THEY SHALL BE SUBJECT TO THE IMMEDIATE AND POSSIBLY PERMANENT REMOVAL FROM THE BUTTERFLY CLUB.

Participant Signature

Date

Guardian signature

Date

Staff Signature

Date