

Registration Form

Please note that all information given to The Children's Resource Council is confidential and all services are free of charge. Our services are voluntary and based on creating stronger families and a stronger community.



Today's Date: _____

Contact Information

Initial Contact (Parent/Caregiver #1)

First Name: _____

Last Name: _____

DOB (Year/Month/Day): _____

Phone: _____

Email: _____

Address/Town: _____

Cultural Heritage: ☐ Non Status Indigenous
☐ Status Indigenous
☐ Metis
☐ Francophone
☐ Other: _____
☐ Prefer not to answer

1st Language? _____

Born outside of Canada? ☐ Yes ☐ No

If born outside of Canada what is the length of time you have been residing in Canada?

☐ Less than 1 year
☐ Over 1 year but less than 3 years
☐ Over 3 years but less than 5 years
☐ 5 years or more

(Parent/Caregiver #2)

First Name: _____

Last Name: _____

DOB (Year/Month/Day): _____

Phone: _____

Email: _____

Address/Town: _____

Cultural Heritage: ☐ Non Status Indigenous
☐ Status Indigenous
☐ Metis
☐ Francophone
☐ Other: _____
☐ Prefer not to answer

1st Language? _____

Born outside of Canada? ☐ Yes ☐ No

If born outside of Canada what is the length of time you have been residing in Canada?

☐ Less than 1 year
☐ Over 1 year but less than 3 years
☐ Over 3 years but less than 5 years
☐ 5 years or more

Child/Youth Receiving Services Pregnant _____ No _____ Yes _____ Due Date

Child/Youth #1

Full Name: _____

Birth Date: _____

Cultural Heritage: _____

Child/Youth #2

Full Name: _____

Birth Date: _____

Cultural Heritage: _____

Child/Youth #3

Full Name: _____

Birth Date: _____

Cultural Heritage: _____

Child/Youth #4

Full Name: _____

Birth Date: _____

Cultural Heritage: _____

Email List

The CASL (Canada's Anti Spam Legislation) requires that we get written consent to add you to our email list. Please check yes or no if you would like to receive our newsletter.

Would you like to be added to our email list to keep up to date CRC Activities? ☐ YES ☐ NO

Email: _____

FOIP

FOIP CONSENT– Permission to use Photographs

I hereby consent to allow the Children's Resource Council to use photographs of myself and/or my child for reporting and/or promotional purposes which may include posters, brochures, displays, website and social media, distributed inside and outside the center. Please SIGN your preference.

YES, I give FOIP permission: _____ NO, I do not give FOIP permission: _____

Release and Waiver of Liability - I acknowledge that:

- I _____ understand and give consent for myself and child(ren) to participate in group or one-on-one sessions, workshops and events provided by the, its sponsored programs and projects. I understand and waive liability of the Association of the High Prairie & District Children's Resource Council (CRC) of physical, emotional, and mental harm.
- I acknowledge and accept that participation in activities and programs require a moderate level of disclosure and I/he/she/ they should not undertake the activities and programs unless I/he/she/they am(is/are) physically, mentally and emotionally able to.
- I acknowledge and accept that some of the activities and programs are emotionally and mentally sensitive and there is a risk of an emotional or mental response and disclosure. I also acknowledge and accept that some of the activities may result in physical injury if, they activity is not supervised by me or because it is virtual or not carried out by my myself or my child(ren) with due care and attention.
- It is not the responsibility of the Association to supervise my child(ren) and I accept all risk if I am not present or monitoring my child(ren). In the unlikely event of an accident, loss or damage to any personal effects or disclosure of harm or neglect, I acknowledge that the Association will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the activities or programs, or action taken to protect the well-being or safety of my child (ren) and I waive all and any claims against the Association in this respect. I acknowledge and accept that online and video images of my child will be monitored and may be recorded throughout the sessions for the purposes of crime prevention and safety. And finally, I understand that that CRC staff are obligated to answer all questions and cooperate with health professionals, law enforcement and child protection services during the course of an investigation and to report instances of injury, maltreatment, neglect and abuse.

Names of Children for whom I waive the liability of the Association and give informed consent to participate in the programs and services of the
Association of High Prairie & District Children's Resource Council:

Parent/Guardian Signature / Date

Program Representative Name / Date