

## Abbotsfield Youth Project Registration Form 2023-2024

**Child's Full Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Preferred Pronouns (optional):  He/him  She/her  They/them  Other

Alberta Health Number: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Dietary Restrictions:  Halal  No Pork  Gluten-Free  Lactose  Vegetarian  Other:  
\_\_\_\_\_

Please let us know if your child has any behavioral concerns, health concerns, or any other diagnosis that we should be made aware of to better support them in our program:

\_\_\_\_\_

Please let us know of any behavioral or learning strategies that work best for your child so we can best support them:

\_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Preferred pronouns (optional):  He/him  She/her  They/them  Other

Alberta Health Number: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Dietary Restrictions:  Halal  No Pork  Gluten-Free  Lactose  Vegetarian  Other:  
\_\_\_\_\_

Please let us know if your child has any behavioral concerns, health concerns, or any other diagnosis that we should be made aware of to better support them in our program:

\_\_\_\_\_

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Please let us know of any behavioral or learning strategies that work best for your child so we can best support them:

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### **Parent/Legal Guardian Information**

**Full Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address (if different from child/ren):** \_\_\_\_\_

**Preferred phone number:** \_\_\_\_\_ **Alternate phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address (if different from child/ren):** \_\_\_\_\_

**Preferred phone number:** \_\_\_\_\_ **Alternate phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Emergency Contact Information**

Please note: The emergency contact **must be someone who is not** a parent/guardian.

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

### **Emergency Contact #2 Information**

Please note: The emergency contact **must be someone who is not** a parent/guardian.

**Emergency Contact #2 Name:** \_\_\_\_\_

**Emergency Contact #2 Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

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Please list anyone (Full names) who may be picking up your child at **any** time throughout the year (please note that they will be required to show ID to AYP staff):

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### Walking Permission

I allow my child(ren) to walk home alone at the end of group.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_

I give permission for my child(ren) to walk from the school to my parked vehicle at the end of the group.  
 Yes  No

Parent/Guardian Signature: \_\_\_\_\_

### Consent to Supports

Please **initial** if you consent to the following:

\_\_\_\_\_ Inform my child and myself of other community/agency supports.

\_\_\_\_\_ Use AYP vehicles to transport my child in the event of an emergency or field trip.

\_\_\_\_\_ Administer First Aid when necessary. **(Consent Required)**

\_\_\_\_\_ Provide my child with a healthy snack.

### Parent/Guardian Authorization for Information Sharing

Abbottsfield Youth Project (AYP) Society works closely with the teachers and administrative staff of our participating community schools in order to support the needs of the children and families in our program.

Any information received by the AYP Society will be treated as confidential and will only be shared with the people you consent to below.

Please **initial** if you give AYP permission to:

\_\_\_\_\_ get information about your child from their school staff.

\_\_\_\_\_ share information about your child with school staff.

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\_\_\_\_\_ allow AYP staff to email me information/ invitations regarding special events, workshops, AYP programming, Annual General Meetings, other community agencies, etc.

\*This consent will be valid until the end of this year's program, or when the child withdraws from the program.

### **Consent to Photography**

From here on, I allow the Abbottsfield Youth Project (AYP) Society to take and use photographs and/or videos of my child for the purpose of agency social media pages, slideshows, brochures, display boards, annual reports, agency websites, and other program/promotional materials. I understand that in order to change this consent I must personally contact AYP staff, and they will provide me with notice informing me that the permission had been changed on my child's file.

Parent/Guardian Signature: \_\_\_\_\_

### **Consent to Surveys**

The Abbottsfield Youth Project (AYP) Society conducts various surveys with our participants in order to track their individual growth and program satisfaction. Survey completion is essential to AYP's ability to continue its programming. The surveys not only help AYP improve our programs, but they also provide us with the outcomes required by our current and potential funders. Survey responses remain anonymous when presented to these funders.

From here on, I allow my child to participate in surveys to evaluate the AYP program. I understand that in order to change this consent I must personally contact AYP staff.

Parent/Guardian Signature: \_\_\_\_\_

### **Illness**

I, \_\_\_\_\_ the legal guardian of \_\_\_\_\_ acknowledge that I **must be available** to pick up my child(ren) from the program in the event of illness. *Please do not send your child to group if they are sick.*

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## **Acknowledgement of Rights**

I acknowledge that AYP Staff will do their best to ensure the health, safety and well-being of my child and of others in the group.

I acknowledge that AYP Staff will do their best to encourage my child's constructive behaviours in positive ways.

I acknowledge that in the event of an emergency or to prevent my child from immediately harming themselves, others, or from destroying property, as a last resort, AYP's trained staff may be required to physically intervene. AYP will inform me immediately in the unlikely event that this is to occur.

I also acknowledge that I have been informed of my child's rights and responsibilities (see below) as a participant of Abbotsfield Youth Project. His/her rights as a participant include, specifically:

- The right to comment make suggestions, and complaints about any supports provided, and to appeal any program decision as outlined in Abbotsfield Youth Project's grievance procedure, which has been made available to me at my request.

I confirm that the information given in this form is true, complete and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Expectations and Procedures**

Thank you for your interest in our AYP programs. We are very excited for the opportunity to support your child throughout the 2022-2023 calendar year. To best support your child(ren), we would like to inform you of a few of our procedures and expectations to ensure the safety of your child(ren).

1. I agree to inform AYP staff if my child(ren) is unable to attend an AYP program prior to the program start time.
2. I understand that space is limited in all AYP programs and if my child has more than two unexplained absences their spot will be filled. Prior to removal from the program, we will attempt to contact you.
3. I agree to be available by phone or text during programming times to ensure that staff can reach me should there be any emergency, illness, or incident.
4. I understand that if a child is not picked up from group the following protocol will be taken:
  - After 10 minutes staff will call numbers listed for parents/guardians
  - After 30 minutes we will call the emergency contact listed and the AYP Executive Director will be notified.
  - After 1 hour and several attempts to contact parents/guardians/emergency contact, we are legally obligated to call the appropriate authorities to ensure the safety of your child.

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5. I agree to check and respond to all emails from AYP as they may contain important information regarding sensitive group lessons, events, and cancellations.

\*In the event you have not notified us of an absence in our in-school program we will make a reasonable effort to inform you of your child(ren) absence by phone or text. \*

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## **Demographics - OPTIONAL**

***Please note that this section of the registration form is optional, you may choose to answer some questions or none. If you do choose to complete it, the information provided will better help us support your child(ren) and your family.***

### **Race/Ethnicity**

Which of the following best describe your child's racial identity? (select all that apply)

- Indigenous  
(First Nation, Inuk/Inuit, Metis and/or another Indigenous descent)
- Black  
(African, Afro-Caribbean, African-Canadian descent)
- East Asian  
(Chinese, Korean, Japanese, Taiwanese descent)
- Southeast Asian  
(Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- Latinx  
(Latin American, Hispanic descent)
- Middle Eastern  
(Arab, Persian, West Asian descent, e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, other Middle Eastern descent)
- South Asian  
(East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, other South Asian descent)
- White  
(European descent)
- Another race \_\_\_\_\_
- Prefer not to say

### **Newcomer Status**

Do you consider yourself to be a newcomer to Canada?

- Yes. Arrival Date in Canada: \_\_\_\_\_
- No
- Prefer not to say

### **Language**

Do you speak a language/s other than English?

- Yes, please specify \_\_\_\_\_
- No
- Prefer not to say

Does your child(ren) speak a language/s other than English?

- Yes, please specify \_\_\_\_\_
- No
- Prefer not to say

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## Community Outreach & Living Skills (COLS) Program Registration

**\*All programs are on a first come first serve basis\* (Maximum 2 programs/child ie., 1 COLS & 1 Aux)  
Please note the dates and times of each specific program. \*All program dates are subject to change\***

**Once registration forms are received, a follow-up email will be sent to confirm your child(ren)'s placement in our programs!**

C.O.L.S Afterschool Program- After School for 1.5 hours. (Grades 1-6)

- Uses a learn-through-play philosophy to guide participants on how to make positive life choices, develop healthy self-esteems and learn effective communication strategies. Some curriculum topics include: the importance of life balance, positive coping strategies, problem solving, teamwork, self-esteem, communication, responsibility and feelings.

***\*Please circle which school your child(ren) attend\****

Circle Child's School:

**St. Bonaventure**

(Mondays from  
2:40 – 4:15 PM)

**Sifton** (Mondays

from 3:08 – 4:45  
PM)

**Highlands - At AYP Office**

(Mondays from 3:20 – 5:00  
PM)

**Fraser** (Tuesdays

from 3:30 – 5:00  
PM)

**Beacon** (Tuesdays

from 3:37 – 5:00  
PM)

**Anne Fitzgerald**

(Tuesdays from  
3:13 – 4:45)

***\*Children will be picked up  
from school at 3:20 PM and  
transported to AYP Office  
(10608 34 St NW). Pick up will  
be at the office at 5:00 PM\****

**Kirkness**

(Wednesdays 3:37  
– 5:00)

**Bannerman**

(Wednesdays from  
3:17 – 4:45 PM)

**St. Jerome**

(Wednesdays from  
3:23 – 5:00 PM)

**Ivor Dent**

(Thursdays from  
2:20 – 3:45 PM)

**Homesteader**

(Thursdays from  
2:31 – 4:00 PM)

**Abbott** (Thursdays

from 2:13 – 3:45  
PM)



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## **Auxiliary Programs**

**\*All programs are on a first come first serve basis\***

***Please indicate which program interests you in order of preference, with 1 being your first choice, 2 being your second choice, 3 being your third choice, and 4 being your fourth choice.***

- Mini Make Way for Play** – Mondays from 5:30pm-7:00pm (Grades 1-3 only) – AYP Office

Strictly Fall Program (**October 16<sup>th</sup> – December 11<sup>th</sup>**). This auxiliary program was based on our Make Way for Play Spring and Summer Camps and for children in grades 1-3. This gives the younger participants an opportunity to be creative and create relationships at a younger age, as well as allowing them to be more comfortable and confident to engage in free play and use their imagination.

- Art with AYP** - Tuesday's from 5:45pm-7:15pm (Grades 3-6 only) - **Hairsine Community League**

- Fall **semester (October 17<sup>th</sup> – February 6<sup>th</sup>)**: Promotes strategies for children to increase their creativity and self-esteem through a variety of art-based activities such as drama, sculpting, creative writing, drawing, and painting.

- Winter **semester (February 13<sup>th</sup> – May 28<sup>th</sup>)**: Same as above.

- Healthy Heroes** - Wednesday's from 5:45pm-7:15pm - **Bannerman Community League**

- Fall **semester (October 18<sup>th</sup> – February 7<sup>th</sup>) – (Grades 4-6)**: Is a sport-focused holistic wellness program! The program implements engaging activities to promote positive self-esteem/confidence, coping strategies, team-building skills, and mood regulation. Children play team sports, learn exciting ways to become active, and eat healthy recipes.

- Winter **semester (February 14<sup>th</sup> – May 29<sup>th</sup>) – (Grades 1-3)**: Same as above.

- Homework Help** - Wednesday's from 6:00pm-7:15pm (Grades 1-6) - **AYP Office**

**All year (October 18<sup>th</sup> - May 29<sup>th</sup>)**: Provides a safe and supportive environment for children to complete school assignments and access one-on-one tutoring. Children are matched with volunteer tutors that work with them throughout the year.

- Junior High** (**open to past AYP participants Grade 7-9**) - Thursday's from 5:00pm-7:00pm - **AYP Office**

**All year (October 19<sup>th</sup> - May 30<sup>th</sup>)**: Supports youth in junior high to build relationships with peers and staff through a variety of field trips, and recreational and art-based activities in a safe and secure environment where they are encouraged to make healthy lifestyle choices and maintain relationships with peers and Child Development Coordinators.