

Date \_\_\_\_\_ Group \_\_\_\_\_

I am registering  myself ► year of birth \_\_\_\_\_or  a child to whom I am parent, guardian or caregiver

Child's year of birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_  
First name Last nameName \_\_\_\_\_  
First name Last name

Address \_\_\_\_\_

City Prov Postal code

Telephone number \_\_\_\_\_  
Daytime Evening

Email \_\_\_\_\_

Language(s) spoken in the home \_\_\_\_\_

Have you lived in Canada less than three years  yes  no

## Information you would like the facilitator to know

(Include information such as: social skill strengths and challenges, medical concerns etc.)

## How did you hear about this group?

 brochure  community agency  newspaper  recreation guide school  word of mouth  other \_\_\_\_\_**Collection and use of personal information**

Personal information is being collected under the authority of the *Municipal Government Act (MGA)* and the *Family and Community Support Services Act*. This information is managed in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act (FOIP)*. This information will be used for program planning and evaluation purposes. If you have any questions about the collection and use of your personal information, contact the Manager, Family Supports, Strathcona County at 780-464-4044.

**For office use only**

Cost centre \_\_\_\_\_ Date of payment \_\_\_\_\_

Fee \_\_\_\_\_ plus GST Total \_\_\_\_\_ Subsidy  no  yes ► amount \_\_\_\_\_Method of payment  cash  cheque  debit  M/C  Visa

Staff name \_\_\_\_\_