



# Traditional Regalia Making Program Registration Form

Spirit of the Children Society #201-768 Columbia Street, New Westminster, BC, V3M 1B4, 604-524-9113 Fax: 604-524-9124

**Programs are held in New Westminster, Burnaby and Tri-Cities - Check Monthly Calendar for Locations**

**Today's Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** Apt # \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Tel and/or Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male:**  **Female:**

**Check one**   **Non Status**  **Métis**  **Other**  **Status** **Name of Nation:** \_\_\_\_\_

**Emergency contact person:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

## HOW DID YOU HERE ABOUT THIS PROGRAM?

Have you ever attended a Traditional Regalia Program before?: **Check one**  **Yes**  **No**

If **Yes** please write down where \_\_\_\_\_

**Word of Mouth**  **Friends or Relatives**  **School**  **Community Centre**  **Other Organization**

**Spirit of the Children employee**  **Other** \_\_\_\_\_

**CHILDREN INFORMATION:**

	<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth M/D/Y</b>	<b>Will your child be attending the program with you?</b>	<b>Is your child in care?</b>	<b>Any food allergies?</b>	<b>Boy or Girl</b>
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please tell us any other information that you think is important for us to know:**

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**WHICH ITEM WILL YOU BE INTERESTED IN MAKING: Check one ✓**

- Shawl                      yourself or child **(please circle one or both)**
- Button Blanket          yourself or child
- Ribbon Shirt              yourself or child
- Moccasins                 yourself or child

**WILL YOU REQUIRE CHILDMINDING WHILE ATTENDING PROGRAM? YES / NO** (please circle answer)

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

**~ For Staff Use Only ~**

Confirmed attendance: Yes / No

Confirmed Childminding Required: Yes / No

#1 Date called applicant: \_\_\_\_\_ (M/D/Y) Staff Initial: \_\_\_\_\_ / #2 Date called applicant: \_\_\_\_\_ (M/D/Y) Staff Initial: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_