

Protecting Our Children's Spirit (P.O.C.S) Program Registration Form



Spirit of the Children Society

#201-768 Columbia Street, New Westminster, BC, V3M 1B4, 604-524-9113 Fax: 604-524-9124

Protecting Our Children's Spirit (POCS) program is a 10 week program for parents/caregivers with Aboriginal children aged 0-6 yrs in their care (FT & PT). We have three sessions a year; Winter, Spring and Fall. A commitment is required to attend the full 10 weeks (some exceptions can be made, please inform ahead of time). Please fill in all spaces below and return to Spirit of the Children Society through fax, drop-off, email or in person. We look forward to seeing you!

Date: _____

Applicant Information

First Name: _____ Last Name: _____

Address: Apt # _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

Date of birth: _____ Male: Female: Status Non Status Metis Other

Nation: _____

Have you ever attended a Parenting program before?: Yes No

If Yes please write down which one's _____

Emergency contact person:

Name: _____ Phone #: _____

Address: _____

Referred By:

Self

Ministry of Child and Family Development (MCFD)

Other (example: school, community centre, hospital, friend/relative, other organization, **or** Spirit of the Children employee)

Name of Social Worker: _____ Phone: _____

Children Information:

	First Name:	Last Name:	Date of Birth M/D/Y	Will your child be attending the program with you?	Is your child in care?	Any food allergies?	Boy or Girl
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:

Please do your best to answer the following questions .

What are some topics that you would like to see covered in the program? What things would you like to learn about?

Please answer the following:

Do you feel that you are prepared and willing to make a commitment to attend each session? **YES / NO** (please circle answer)

If not, or if you know of any dates that you will not be able to attend, please explain:

Will you require Childminding while attending program? **YES / NO** (please circle answer)

Parent/Guardian Signature: _____

~ For Staff Use Only ~

Date called applicant: _____ (M/D/Y)

Confirmed attendance: Yes / No

Confirmed Childminding required: Yes / No

Staff Initials: _____

Comments: _____