



Iskwew Girls Group

Referral: _____ Date: _____

Name: _____ Date of Birth: _____

Address: Apt: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ Email: _____

Reason for referral: _____

Status Non Status Metis Other

Have you participated in any other programs at Spirit of the Children? Y or N if yes please

list _____

What are some of the things that you would like to learn more about or is there anything in particular that you need help with?



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Are you currently attending school? Yes or No

If so which grade? _____ Which school: _____

Food Allergies: _____

Additional Information:

Signature: _____ (parent) Date: _____

Signature: _____ (client) Date: _____

Emergency Contact

NAME: _____

Number: _____