



100-7900 Alderbridge Way
 Richmond, BC, Canada, V6X 2A5
 Tel: 604 271-7600
 Fax: 604 271-7626
 Email: info@rysa.bc.ca
 www.rysa.bc.ca

Generation Homework Club 2016 - Parent Form

Generation Homework Club is a free mentorship program for elementary students **Grades 4-7** that builds social skill, self esteem and confidence through homework support, mentorship and fun activities (both educational and non educational). The Program runs throughout the school year from 3:30-5:00pm with your choice of two different days **(please choose below)**. **Parents must arrange transportation to and from** the program for their child. There are only 15 spaces per day available and the program fills up quickly, so please register soon to ensure your child can attend.

HOW TO REGISTER? Please scan and email application forms to jane.reed@rysa.bc.ca, drop them at the RYSA office or FAX them to 604-271-7626.

Please indicate your choice of location/day of week for your child's attendance in the program:

Brighthouse Library (Minoru Branch)	Hugh Boyd Secondary School 9200 NO.1 Rd (School Library)
Mondays 3:30-5:00 []	Tuesdays 3:30-5:00 []

Student information:

Student's Legal Name:	Preferred Name:
Date of Birth: Age:	Grade: School:
Home Address:	Care Card #:

Parent/guardian information:

Parent/guardian name:	Relationship to child:
Email address:	Cell #: Home #:

Parent/guardian name:	Relationship to child:
Email address:	Cell #: Home#:

Emergency contact name:	Relationship to child:
	Cell # : Home #:

Drop off and pick up:

How will your child arrive at the program? **Walk from school** [] **Dropped off** []

Children must be picked up and signed out of program. Please list the people authorized to pick your child up from the program (including yourself).

First Name	Last Name	Relationship with child	Contact #



**Richmond
Youth Service
Agency**

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Important Health and Support Information: The information you provide will be kept confidential. This information is to assist staff to best support your child and to ensure your child can be successful in the program. Generation Homework Club is for students who may have barriers to other tutor/mentoring programs and staff and volunteers are trained to deal with various challenges your child may face.

Does your child have any allergies?	Yes No	Details:
Does your child have any health concerns?	Yes No	Details:
Does your child have any diagnosis?	Yes No	Details:
Does your child have an EA at school?	Yes No	Details:
Does your child take any medications?	Yes No	Details:
How can we best support your child to be successful in the program?		Details:

Program Activities Participation Consent

I, _____ hereby authorize the applicants, _____, to participate in the Richmond Youth Service Agency (RYSA) Generations Homework Club. I understand and acknowledge that each participant must assume the risk and any related financial responsibility that could result from participation in any of the activities provided by RYSA and its partners. I agree to assume such risks and responsibilities.

- I understand that RYSA or their partner agencies are not responsible for the providing or administering of medication to any youth. I agree to make arrangements for my child to have all necessary medications that they need and the means to take them when required.
- In case of sickness or accident, RYSA has my approval to secure such medical attention as deemed necessary, if I am unable to be contacted. I further understand that neither RYSA, nor any of its paid or volunteer workers can be held responsible in the event of an accident.
- I also authorize RYSA staff and volunteers to collect information that will help evaluate the effectiveness of the program. Any information collected will be confidential and reports or summaries will not identify participants.
- I have provided accurate information and disclosed all relevant medical details and any other information that may impact the participation and supervision of the applicant.

By signing this form I declare that I have fully read the forms and HEREBY RELEASE AND FOREVER DISCHARGE Richmond Youth Service Agency, its employees, directors or agents, partners and funders of and from all manner of actions, causes or actions, claims and demands of whatsoever nature which my child may have in respect of any injury, loss or expense he/she sustain arising out of or in any way connected with his/per participation in RYSA Generation Homework Club.

Consent for Photography (check box that applies)

Furthermore, I [] **Do** / [] **Do Not** give permission for the employees and volunteers or RYSA to take pictures of the applicant and use the resulting photographs in promotional materials developed by the agency. This consent is valid for one year from the date of this form and may be cancelled at any time by writing RYSA.

Name: _____ **Signature:** _____ **Date:** _____