



# Kermode Friendship Society Strengthening Families Program

3313 Kalum Street, Terrace, B.C. V8G 2N7  
Phone 635-4906 Fax 635-3013

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## Registration Form

**Mother/Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**If there is a custody agreement, please give details and attach a copy:**

\_\_\_\_\_  
\_\_\_\_\_

**Alternate Emergency Contacts and/or Persons Authorized to call in case of emergency, or in case the Kermode Friendship Society needs to contact you**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Emergency Contact Cell/Work #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Emergency Contact Cell/Work #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Emergency Contact Cell/Work #: \_\_\_\_\_

**Do you have a child or any children in the Ministry of Children and Families care?**

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_



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## Kermode Friendship Society Permission Form

### Photographs/Video

Photographs and videos are very useful resources for curriculum activities and learning tools, both for the child/ren and family members participating in the Strengthening Families Program

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

for my family \_\_\_\_\_, to be included in photographs and videos within the Strengthening Families curriculum and learning resources. However, I do wish to be notified of any photos/videos used in community displays or published in the media and consent can be obtained then.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_



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## Kermode Friendship Society Family History Form (Please Print)

1) Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Name you wish your child to be called by: \_\_\_\_\_

2) Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Name you wish your child to be called by: \_\_\_\_\_

3) Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Name you wish your child to be called by: \_\_\_\_\_

4) Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Name you wish your child to be called by: \_\_\_\_\_



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5) Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Name you wish your child to be called by: \_\_\_\_\_

Other Brothers and/or Sisters not attending the Strengthening Family Program:

Name:	Age:

Pets and their names: \_\_\_\_\_

Where have you lived? \_\_\_\_\_

How many years in Terrace or Prince Rupert? \_\_\_\_\_

What language/s do you speak at home? \_\_\_\_\_

Are there any ethnic practices or holidays, special dates or days you would like us to know about?

\_\_\_\_\_  
\_\_\_\_\_



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## Family History Form (Please Print)

**Please list:**

Favorite foods: \_\_\_\_\_  
\_\_\_\_\_

Disliked foods: \_\_\_\_\_  
\_\_\_\_\_

Prohibited foods: \_\_\_\_\_  
\_\_\_\_\_

Special Diet: \_\_\_\_\_  
\_\_\_\_\_

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

General level of child's activity: Active / Unusually Active / Quiet / Easily Excited / Tires Easily  
(Circle all that apply)

Other: \_\_\_\_\_

Are there any fears (such as dogs or other animals), dislikes or experiences that you feel the caregivers should be aware of to take better care of your child? \_\_\_\_\_  
\_\_\_\_\_



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## Child/Family History

(Please Print)

Child's Health history

Has your child had any of the following (circle any that apply):

Mumps		Rheumatic Fever	
Measles		Scarlet Fever	
Rubella		Pneumonia	
Ear Infections		*Epilepsy	
Chicken Pox		*Asthma	
Whooping Cough		*Diabetes	
Eczema		**Heart Condition	
Kidney Condition		**Seizures	

\*\* Name of condition/seizures, last date of attack and special procedures to follow

\* Last date of attack and special procedures to follow in case an attack happens

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Has your child had a vision test? Yes / No When? \_\_\_\_\_

Any Concerns: \_\_\_\_\_

Has your child had hearing test? Yes / No When? \_\_\_\_\_

Any Concerns: \_\_\_\_\_

(It is recommended that your child has his/her vision and hearing tests done before going into Kindergarten)

Are there any health problems (such as allergies, therapeutic diet), disabilities, information etc. that you feel the caregivers should know about to take better care of your child?

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## Cultural Information

(Please Print)

Mother's tribe / clan: \_\_\_\_\_

Father's tribe / clan: \_\_\_\_\_

Do you or other family members have any knowledge or experience in any of the following?  
(Check all that apply)

- \_\_\_\_\_ Traditional Dance
- \_\_\_\_\_ Traditional Song
- \_\_\_\_\_ Traditional Food
- \_\_\_\_\_ Traditional Language
- \_\_\_\_\_ Traditional Games
- \_\_\_\_\_ Traditional Feast system/potlatch
- \_\_\_\_\_ First Nations art (drum making, weaving etc.)
- \_\_\_\_\_ Children's legends
- \_\_\_\_\_ Children's crafts
- \_\_\_\_\_ Regalia that could be shown to the class, explain how it is used

What is your traditional language? \_\_\_\_\_



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**IN AN EMERGENCY**, I agree that Kermode Friendship Society Staff may call upon emergency medical staff, ambulance or the local hospital.

**All costs incurred are the responsibility of the parent or guardian.**

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian      Date                      Signature of Parent/Guardian      Date

\_\_\_\_\_/\_\_\_\_\_  
Print Name of Kermode Friendship Society Staff      Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Kermode Friendship Society Staff      Date

***(For Office Use Only)***

\_\_\_\_\_  
Date Received:                                      Received by: \_\_\_\_\_