



The Pathways to Education™ Program Student Registration Form 2021-22

OFFICE USE ONLY

P2E# _____

SPSW _____

Grade ____ Cohort _____

NEW RE-registering

Please return completed forms to
CNFC Pathways to Education Program Edmonton
11728-95 Street Edmonton, AB T5G 1L9

If you have any questions
Please contact us at (780) 761-1900

Student Information: *please print clearly*

Name: _____ Gender: _____
First Name **Last Name**

Date of Birth (mm-dd-yyyy): ____ - ____ - ____

Address: _____ Apt #: _____ Postal Code: ____ - ____ - ____

Home Phone: (____) ____ - ____ Student Cell Phone: (____) ____ - ____

E-mail Address: _____

Do you have access to a: Computer/Tablet Yes No Do you have Internet access? Yes No

Are you on Facebook? Yes No Twitter? Yes No Other Social Media? _____

Are you interested in receiving an invite to join CNFC Pathways Facebook/Instagram? Yes No

Current School: _____ Current Grade: _____

2020-21 School: _____ 2020-21 Grade: _____

School Student Number: _____

Have you received any of the following extra learning supports (e.g. Special Education, resource room, ESL)?

None IEP/IPP ESL ELD Other _____

Do you require any learning accommodations? Yes Please describe: _____
No

Were you born in Canada? Yes No If No, Country of Birth: _____

a) When did you arrive in Canada (mm/dd/yyyy)? ____ - ____ - ____

Do you Identify as FNMI? Yes No Community/Band: _____ Treaty#: _____

Is English your primary language? Yes No If no, what is your primary language? _____

Do you speak French? Yes No Do you speak another language? _____

Parent/Legal Guardian Information: *please print clearly*

Name: _____
First Name **Last Name**

Address: _____ Apt #: _____ Postal Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____ Can we contact you by e-mail? Yes No

Work Phone: (____) _____ - _____ ext. _____ Preferred method of contact: _____

If you are not the parent, what is your relationship to the student: _____

Do you currently have (or have had) another child(s) registered in Pathways? Yes No

Name of child: _____ Name of child: _____

Is English your first language?

If **YES** – check box and skip the rest of this section
If **NO**, please fill in the rest of this section

First language spoken at home: _____

Is written translation required? Yes No Is interpretation required? Yes No

Is there another Parent/Legal Guardian? Yes No Relationship to student: _____

Name: _____
First Name **Last Name**

Address (if different): _____ Apt #: _____ Postal Code: _____

Home Phone (if different): (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____ Work Phone: (____) _____ - _____ ext. _____

Preferred method of contact: _____

STUDENT MEDICAL INFO

Family Doctor (Name & Address) _____

AB Health Care # _____ Other Insurance: _____

Please describe any physical/learning exceptionality that Pathways should be aware of: _____

Does your child require any learning accommodations: Yes Please Describe: _____

No

Please describe any allergies. Health concerns, medication, dietary needs, or special needs that Pathways should be aware of:

Emergency Contact Information:

Name of person we can contact in an emergency, if unable to reach either parent/legal guardian listed above:

Name: _____
First Name **Last Name**

Relationship to student: _____ Phone: (____) _____ - _____

Highest level of education completed: I choose not to provide this information

	Parent/Guardian 1	Parent/Guardian 2
High School	some of <input type="checkbox"/> completed <input type="checkbox"/>	some of <input type="checkbox"/> completed <input type="checkbox"/>
Trade or Technical School	some of <input type="checkbox"/> completed <input type="checkbox"/>	some of <input type="checkbox"/> completed <input type="checkbox"/>
Community College	some of <input type="checkbox"/> completed <input type="checkbox"/>	some of <input type="checkbox"/> completed <input type="checkbox"/>
University	some of <input type="checkbox"/> completed <input type="checkbox"/>	some of <input type="checkbox"/> completed <input type="checkbox"/>
Completed in:	Canada <input type="checkbox"/> Elsewhere <input type="checkbox"/> _____	Canada <input type="checkbox"/> Elsewhere _____

Is there an older child in the family who is or has attended College or University?

No Now Attending Previously Attended

What financial support will be ideal for your child?

Bus Pass School Supplies Food/Nutrition



**The CNFC Pathways to Education Program
Student Consent to Share Information
2021-2022**

The Pathways to Education Program is an afterschool program with The Canadian Native Friendship Centre (CNFC) and works in partnership with the Edmonton Public and Catholic School Districts. Pathways to Education program staff may consult with CNFC and of the School district staff (e.g. teachers, guidance, administrators) when appropriate to support student participants to achieve academic, social and career goals.

I give permission to the Pathways to Education Program to share information with staff of the school districts and/or other programs of CNFC as necessary to ensure that I receive appropriate support and educational programming and that I am able to successfully participate in and benefit from the CNFC Pathways to Education Program. FIOP guidelines will be followed in all aspects of sharing information.

I understand that information regarding school attendance and academic progress including course grades, as well as participation in CNFC Pathways to Education tutoring and mentoring may be shared with my parent/guardian, Pathways' program partners including post-secondary institutions when necessary to support my participation and success in the Pathways to Education Program. This information will also be shared with Pathways to Education Canada for the purpose of program evaluation and research requirements.

I understand that the CNFC will not release information to any other person or agency without my consent, except when required by law.

I understand that information in the client record may be accessed according to the Program's policies and those of CNFC. Records may not be accessed by the parent/guardian unless the student agrees or is assessed not to be competent to understand the consequences of his/her actions.

I have read and agreed to the above terms:

Student Name (please print): _____

Signature: _____

Date: _____ day of _____, 20____

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____ day of _____, 20____



Program Activity Waiver
2021-2022

This is to certify that I allow, _____, the youth under my trust, to attend facilitated activities through the CNFC Pathways to Education Program which could occur off the premises. Program outings may include but are not limited to swimming, bowling movies, laser tag, wall climbing, sledding, cultural activities, visiting the library, etc.

I am aware that all youth participating in this program will be supervised at all times by a staff member of Pathways to Education. I agree that CNFC Pathways is not responsible for any bodily injury, loss or damage to personal property suffered by the youth before, during, or after the activity.

By participating in the activity, I agree that the youth under my trust will be participating voluntarily and at their own risk. I agree to fully release CNFC Pathways to Education staff and volunteers from all claims or lawsuits for any injuries, death, property damage, or theft, losses, or any other liability of any kind arising directly or indirectly from his/her participation in the activity.

Student Name (please print): _____

Caregiver/Guardian Name (please print): _____

Signature: _____

Date: _____ day of _____, 20____

If you have any questions, please phone (780) 761-1900

Please note: You will not be able to participate until we have received your completed consent form.



**The Pathways to Education Program
Expectations of Student Involvement
2021-2022**

SUBJECT TO FUNDING AVAILABILITY, The Pathways to Education Program will provide tutoring, mentoring, SPSW support and a daily financial support. Bursary monies will also be provided based on available funds to be used towards Pathways approved college/university expenses. **Active participation in school and program activities are required to be eligible to receive this bursary.**

To remain an active Pathways student and receive financial supports and bursary I must:

- **Maintain 75% school attendance.**
- **Connect in-person with my SPSW at least once a week.**
- **Participate in-person with scheduled Pathways programming with at least:**
 - **12hrs of Tutoring a month**
 - **4hrs of Mentoring a month**

*(this is subject to change due to Covid 19 restrictions)

Student Agreement to Participate

I have read and understand the above Expectations of Student Involvement and I agree to participate in the Pathways to Education Program. I understand that failure to abide by the Expectations of Student Involvement may result in withdrawal of daily financial support and/or being withdrawn from the program. In the event of withdrawal, I understand that I shall forfeit any entitlement to benefits of the program, including and entitlement to funds held in trust for college/university expenses.

Student Name (please print): _____

Signature: _____

Date: _____ day of _____, 20____

Parent/Guardian Name (please print): _____

Signature: _____

Date: _____ day of _____, 20____