



WHAT IS IT?

A fun and unique program that helps youth with life skills development including critical thinking, problem solving, and effective communication.

WHO IS IT FOR?

All immigrant and refugee youth with Permanent Resident status in grades 10-12.

WHEN & WHERE

Session #1

Week 1: July 23 - 26
Week 2: July 29 - Aug 2
Balmoral School 220 16 Ave NW, or
Calgary, AB T2M 0H4
9:00 AM – 3:00 PM each day

Session #2

Week 1: August 6-9
Week 2: August 12-16
James Fowler High School 4004
4 St NW, Calgary, AB T2K 1A1
9:00 AM - 3:00 PM each day

FIELD TRIP

On the last day of each program (Friday, August 2 and Friday, August 16) participants will go on a field trip!

ADDITIONAL INFO

Youth are encouraged to bring their own lunch each day, as lunch will not be provided. Please dress according to the weather.

TRANSPORTATION

Public transit tickets can be provided free of charge.

COST

This program is **FREE!**

LEVEL UP SUMMER PROGRAM 2019



PARENT INFORMATION		
Guardian 1 Name:	Phone Number:	E-mail:
Guardian 2 Name:	Phone Number:	E-mail:
Address:	Postal Code:	
Emergency Contact Name (if different from above):	Phone Number:	
PARTICIPANT INFORMATION		
First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth (YYYY-MM-DD):	Current grade level:	School Name (if known):
Immigration Status: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student <input type="checkbox"/> Other		
<p><i>*The Permanent Residence Number or Client ID Number (UCI) is an eight (8) or ten (10) digit number listed on your Permanent Resident Card or landing papers. This number is only used for registration tracking purposes, and will be kept confidential.</i></p>		
Permanent Residence Number (UCI):		
Country of Birth:	Date of Arrival in Canada:	Family Language(s):
PARTICIPANT HEALTH & MEDICAL INFORMATION		
Alberta Healthcare Number:	Food Restrictions:	
Allergies: Medical Concerns: Does your child have difficulty with the following? (Please check all that apply)		
<input type="checkbox"/> Hearing <input type="checkbox"/> Talking <input type="checkbox"/> Concentrating <input type="checkbox"/> Climbing stairs <input type="checkbox"/> Seeing <input type="checkbox"/> Learning <input type="checkbox"/> Walking <input type="checkbox"/> Bending <input type="checkbox"/> No , my child does not have difficulty with any of the above		
If yes, please provide details:		

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Does a physical condition, mental condition, and/or health problem reduce the amount or the kind of activity your child can do?

- Yes, sometimes Yes, often No

If yes, please provide details:

SESSION CHOICE

Please select ONE option:

Session #1

Week 1: Tuesday, July 23 – Friday, July 26
Week 2: Monday, July 29 – Friday, August 2
Balmoral School (220 16 Ave NW)

Session #2

Week 1: Tuesday, August 6 – Friday, August 9
Week 2: Monday, August 12 – Friday, August 16
James Fowler High School (4004 4 St NW)

TRANSPORTATION & PICK UP INFORMATION

How will your child get TO and FROM the program location? Please select ONE option:

- WALK or TAKE PUBLIC TRANSIT ALONE

Will your child require public transit tickets (free of charge)? Yes No

- BE DROPPED OFF (9:00 AM) AND PICKED UP (3:00 PM) FROM BALMORAL SCHOOL (SESSION 1)
 BE DROPPED OFF (9:00 AM) AND PICKED UP (3:00 PM) FROM JAMES FOWLER HIGH SCHOOL (SESSION 2)

For safety reasons, please list ALL the individuals who may pick up your child:

- 1) Name: _____ Phone: _____
Relationship: _____
- 2) Name: _____ Phone: _____
Relationship: _____
- 3) Name: _____ Phone: _____
Relationship: _____

**** Please ensure you can pick up your child on time. Staff are unable to stay back at the location after program ends ****

INFORMATION RELEASE & CONSENT TO FUTURE RESEARCH (OPTIONAL)

Dear Parent(s)/Guardian(s),

The Mentorship Program is funded by Immigration, Refugees and Citizenship Canada (IRCC); and in order to support your ongoing settlement needs, our funder asks for your permission to contact you in the future. Any information collected from you will be protected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP).

I hereby give consent for IRCC to obtain information to support research and obtain future funding for programs that serve newcomer families and youth in Canada.

Yes

No

ACKNOWLEDGEMENT FOR PROGRAM RESEARCH PARTICIPATION

Part of participating in the Mentorship Program means your child will be invited to participate in surveys and focus groups. The purpose of this research is to evaluate our program and ensure we continue to offer excellent services to newcomer youth. All surveys and focus groups are confidential. This means that your child's name and/or identity will never be shared with anyone who views the survey results.

I have read and understand the information provided

Yes

No

EMERGENCY ACKNOWLEDGEMENT

In case of an emergency or illness, we will make every effort to contact the parents/guardians. In the event that contact cannot be made, I agree that a qualified medical professional may attend to my child(ren).

I agree

I do not agree

MEDIA RELEASE WAIVER

The Calgary Bridge Foundation for Youth may film, photograph, produce electronic images, and provide the opportunity for my child(ren) to participate in social media coverage (e.g. Facebook and Twitter) of our programs, or media interviews.

I agree

I do not agree

FIELD TRIP AGREEMENT

I give permission for my child(ren) to participate in the LEVEL UP Summer Program Field Trip to Heritage Park on Friday, August 2 (Session #1) or Friday, August 16 (Session #2).

I agree

I do not agree

PERMISSION TO CONTACT / SEND INFORMATION

I give consent for any staff member of the Mentorship Program to send me information about the program **via email** (in the form of individual or bulk messages), or on behalf of the Calgary Bridge Foundation for Youth.

Yes

No

PROGRAM LIABILITY WAIVER

I give permission for my child(ren) to participate in Mentorship Program activities. I release the Calgary Bridge Foundation for Youth of any responsibility and/or liability, with respect to any on or off site program activities that may cause injury, loss or damage to the participant or their property.

Parent / Guardian Signature

Date

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For internal use only	
Follow-up phone call completed (staff to indicate date phone call was made and who they spoke to)	
Name of staff who completed phone call	
Did parent/guardian confirm youth registration <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did parent/guardian confirm attendance to information session <input type="checkbox"/> Yes <input type="checkbox"/> No	