

MENTORSHIP SUMMER PROGRAM

Welcome Information for Newcomers (WIN)



WHO IS IT FOR?

Newcomer youth with Permanent Resident status entering grades 7-9 in the fall



DATE & TIME

Monday, July 29 - Friday, August 2
9:00 AM to 3:00 PM each day



WHERE

Balmoral School
220 16 Avenue NW
Calgary, AB T2M 0H4



FIELD TRIP

On Friday, August 2 students will go on a field trip to Heritage Park!



ADDITIONAL INFO

Participants are encouraged to bring their own lunch each day, as lunch is not provided. Please dress according to the weather.



COST

FREE!



BUS LOCATION & TIME

Please see page 4 for pick-up and drop-off locations and times

Your selected bus stop location: _____

AM pick-up time: _____ PM drop-off time: _____

If you have any questions or concerns, please contact:
Daniela Galindo at 403-919-9573 | dgalindo@cbfy.ca

MENTORSHIP PROGRAM

PARENT INFORMATION SESSION & GRADUATION CEREMONY

Dear Parent(s)/Guardian(s),

Join us for lunch at Balmoral School on Thursday, August 1 from 12:00 - 3:00 pm to learn useful information about your child's education in Alberta. Examples of topics that will be covered include:

- Junior high classes
- Option classes (e.g., Art, Music, Drama, etc.)
- School resources
- After-school activities and programs

After the presentation, we will have a graduation ceremony for all youth in our Summer Program. We hope you will stay to see your child receive their certificate!

IMPORTANT DETAILS



DATE: Thursday, August 1, 2019



LOCATION: Balmoral School (220 16 Avenue NW)



TIME: 12:00 PM - 3:00 PM



ADDITIONAL DETAILS: Lunch will be provided.




TO RSVP: Please let us know if you will attend by contacting:
Daniela Galindo at 403-919-9573 or dgalindo@cbfy.ca
OR Mateo Juma at 403-999-1351 or maljumaa@cbfy.ca

If you have any questions, please feel free to contact us at the numbers or emails above. Thank you!

WIN 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:
<p>Allergies: Medical Concerns: Does your child have difficulty with the following? (Please check all that apply)</p> <p> <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 </p> <p>If yes, please provide details:</p>	

WIN SUMMER PROGRAM 2019



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:

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 HIGH SCHOOL

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 ****

- TRAVEL VIA CBFY MENTORSHIP BUS (please select the location most convenient for your child)

NORTHWEST CALGARY	NORTHEAST CALGARY	SOUTHWEST CALGARY	West Calgary
<input type="checkbox"/> VIVO <i>Pick-up 8:10 AM</i> <i>Drop-off 3:45 PM</i>	<input type="checkbox"/> Saddletowne LRT Station <i>Pick-up 8:10 AM</i> <i>Drop-off 3:40 PM</i>	<input type="checkbox"/> Shawnessy LRT Station <i>Pick-up 8:15 AM</i> <i>Drop-off 3:35 PM</i>	<input type="checkbox"/> Westbrook LRT Station <i>Pick-up 8:10 AM</i> <i>Drop-off 3:25 PM</i>
<input type="checkbox"/> St. Helena School <i>Pick-up 8:25 AM</i> <i>Drop-off 3:25 PM</i>	<input type="checkbox"/> Whitehorn LRT Station <i>Pick-up 8:20 AM</i> <i>Drop-off 3:25 PM</i>	<input type="checkbox"/> Heritage LRT Station <i>Pick-up 8:25 AM</i> <i>Drop-off 3:25 PM</i>	<input type="checkbox"/> Crowfoot LRT Station <i>Pick-up 8:25 AM</i> <i>Drop-off 3:40 PM</i>
	<input type="checkbox"/> Franklin LRT Station <i>Pick-up 8:35 AM</i> <i>Drop-off 3:20 PM</i>		

NOTE: Participants will **ONLY** be picked up and dropped off at the **SAME** bus stop location.

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 WIN Summer Program Field Trip to Heritage Park on Friday, August 2, 2019.

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

WIN SUMMER PROGRAM 2019



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	