

# Generations Homework Club

(Grade 4 – 7)

## Registration Form (2018 - 2019)

Generations Homework Club is a mentorship program that builds social skills, self esteem and confidence through homework support, mentorship and fun activities for students in **grades 4-7**. The program runs every week from 3:30 p.m. - 5:00 p.m. with your choice of two different days. **Parents must arrange transportation to and from the program for their child.** There are limited spaces available and the program fills up quickly so please register soon to ensure your child can attend.

### BRIEF PROGRAM DESCRIPTION

The volunteer tutor-mentor will introduce themselves to the assigned students, and then move on to either homework brought in by the student and/or the exercise workbook we have on site to enhance the student's skills. The additional workbook has exercises for three terms (fall, winter, and spring). Each term contains 3 major subjects (English, Math, and Science), and the workbook will be given to each registered student for more practice based on their school grade. Snacks will be provided occasionally.

### HOW TO REGISTER?

Registration form can be downloaded from the CCS website or can be picked up from the CCS office. Please email the application form to [info@ccssociety.ca](mailto:info@ccssociety.ca) or drop off at the Connections Community Services office located at 100 - 7900 Alderbridge Way, during office hours from 9:30 a.m. to 4:30 p.m.

[www.connectionscommunityservices.com](http://www.connectionscommunityservices.com)



Parent's Copy

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## PROGRAM TIMETABLE (2018 - 2019)

### Parent's Copy

\*\*\* Please indicate your choice of day for attendance in the program!

**Richmond Public Library, Kids' Place Program Room, 7700 Minoru Gate**  
**Every Monday** (Based on School District Calendar), **3:30 p.m. to 5:00 p.m.**

#### Fall Semester

Sept 24	Oct 01	Oct 15	Oct 22	Oct 29	Nov 05	Nov 19	Nov 26	Dec 03
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\*\*\* NO Class on Oct 08, Nov 12, Fall Term ends in Dec 03 \*\*\*

#### Winter Semester

Jan 07	Jan 14	Jan 21	Jan 28	Feb 04	Feb 18	Feb 25	Mar 04	Mar 11
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\*\*\* NO Class on Feb 11 & Spring Break Holiday March 18 – March 29 \*\*\*

#### Spring Semester

Apr 01	Apr 08	Apr 15	Apr 29	May 06	May 13	May 27	Jun 03	Jun 10
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\*\*\* NO Class on April 22, May 20, Class ends in Jun 10 \*\*\*

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**Connections Community Services, 100 - 7900 Alderbridge Way**  
**Every Thursday** (Based on School District Calendar), **3:30 p.m. to 5:00 p.m.**

#### Fall Semester

Oct 04	Oct 11	Oct 18	Oct 25	Nov 01	Nov 08	Nov 15	Nov 22	Nov 29
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\*\*\* NO Class in December \*\*\*

#### Winter Semester

Jan 10	Jan 17	Jan 24	Jan 31	Feb 07	Feb 14	Feb 21	Feb 28	Mar 07
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\*\*\* NO Class on March 14 & Spring Break Holiday March 18 – March 29 \*\*\*

#### Spring Semester

Apr 04	Apr 11	Apr 18	Apr 25	May 02	May 09	May 16	May 23	May 30
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\*\*\* Class ends on May 28 \*\*\*



## Application Form

For Office Use Only

Monday, Richmond Public Library       Tuesday, Connections Community Services

### STUDENT INFORMATION

Last Name	First Name		Preferred Name
Address		City	Postal Code
Date of Birth (yyyy-mm-dd)	Age	Grade	School
Care Card #:	Home Phone Number	Length in Canada	Country of Origin

### PARENT INFORMATION

Last Name	First Name	Relationship to Student
Home Phone	Cell Phone	Email Address
Last Name	First Name	Relationship to Student
Home Phone	Cell Phone	Email Address

### EMERGENCY CONTACT

Last Name	First Name	Relationship to Student
Emergency Contact Number	Main Language(s) Spoken	



## 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 the program, please list the people authorized to pick your child up from the program (including yourself).

First Name	Last Name	Relationship with student	Contact #

**\*\*\* A penalty of \$13 per hour will be applied on late pick-up if the child is not picked up by 5:15 p.m. \*\*\***

\*\*\* Parents MUST complete the "CONSENT FORM AND RELEASE FOR MINOR CHILDREN" form below if you give permission for your child to sign out of the program at 5 p.m. Your child will stay in the library by himself/herself to wait for the parent/guardian for pick-up.

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### CONSENT FORM AND RELEASE FOR MINOR CHILDREN

I am \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(print full name of child). I hereby grant The Generations Homework Club hosted by Connections Community Services in the Richmond Public Library and/or Connections Community Services the permission to have my child \_\_\_\_\_ sign out of the program at 5 p.m. My child will either stay in the library to wait for the parent/guardian for pick-up or leave the program by himself/herself.

I understand that Connections Community Services is not obligated to take care of my child after the program has finished.

(Parent/Guardian's Signature) \_\_\_\_\_

(Parent/Guardian's Full Name) \_\_\_\_\_

(Date Signed) \_\_\_\_\_

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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 the student and to ensure the student can be successful in the program. Generation Homework club is for students who may have barriers to other tutoring/mentoring programs, so the staff and volunteers are trained to deal with various challenges the students may face.

Does the student have any allergies?  Yes  No

Details:

Does the student have any health concerns?  Yes  No

Details:

Does the student have any diagnosis or assessments?  Yes  No

Details:

Does the student have an EA at school?  Yes  No

Details:

Does the student take any medication?  Yes  No

Details:

How can we best support the student to be successful in the program?

Details:

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**In which academic areas does the student need support? (Check all that apply)**

- English       Math       Science       ESL       Organization & Focus

**How does this student compare with his/her peers regarding school work?**

- Struggling       Slightly behind       Satisfactory       Doing well

**How does this student interact with his/her peers?**

- Positively       Little to no interaction       Negatively/aggressively

**How does this student interact with authority figures?**

- Respectful       Challenging       Defiant

**How would you describe this student's self esteem?**

- Healthy       Over-compensates       Struggling       Negative

**Does this student receive additional support at school?**       Yes       No

If yes, what types of supports?

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**Other comments, notes or helpful resources when working with this student:**

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All information collected will be used for the sole purpose of Connections Community Services programming. All information will be kept confidential and will not be shared with any third party groups except staff & tutor-mentors.



## Program Activities Participation Consent

I, \_\_\_\_\_, hereby authorize the applicant, \_\_\_\_\_'s participation in Connections Community Services' 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 the Connections Community Services (CCS) and its partners. I agree to assume such risks and responsibilities.

I understand that CCS 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, CCS has my approval to secure such medical attention as deemed necessary, if I am unable to be contacted. I further understand that neither CCS, nor any of its paid or volunteer workers can be held responsible in the event of an accident.

I also authorize CCS 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 to all Connections Community Services, 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 CCS Generations Homework Club.

### **Consent for Photography (check box that applies)**

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_