



Connections Homework Club

(Grade 4 – 7)

Registration Form (2021 -2022)

The Generations Homework Club is a mentorship program that builds up student's social skills, self-esteem, and confidence while working with the student and helping with the student's homework. 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 provided 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. There are also various activities and games planned that will assist in our endeavors. Snacks will be provided occasionally (only for classroom setting).

Tutoring sessions will be done virtually through individual devices of the student and tutor. Student will share their work with tutor and/or send it through their device, and the tutor and student will work together in finishing the homework or assignment. Due to the pandemic, tutoring sessions will not be in-person. Sessions will be remote and still maintain the one-to-one aspect, as students and tutor will be connecting with each other through their device.

HOW TO REGISTER?

Please email to volunteer@ccssociety.ca for the registration form. You can also download the form from our website: <http://connectionscommunityservices.com> and email it back to us. There will be a short interview for all applicants.

www.connectionscommunityservices.com



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Registration Form

For Office Use Only

<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
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STUDENT INFORMATION

Last Name	First Name	Preferred Name
Address		City
Postal Code	Date of Birth (yyyy-mm-dd)	
	Age	School
		Grade
Care Card #:	Home Phone Number	Length in Canada
Place of Birth		
Child Welfare Legal Status (if any)		
<input type="checkbox"/> Temporary care	<input type="checkbox"/> Permanent care	<input type="checkbox"/> Alumni (formerly in permanent care)

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

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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. Generations 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student have any health concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student take any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student diagnose with a Special Learning need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student suspect to have a Special Learning need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		
Does the student have an Educational Assistant at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details:		

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Please tell us a little about this student's educational **strengths** in school. Feel free to use point form or bullets (maximum 100 words).

Please tell us a little about this youth's educational **challenges** in school. Feel free to use point form or bullets (maximum 100 words)

What outcomes are anticipated for this student as a result of receiving Tutor/Homework Club support? Only one ranking per category is allowed.

ACADEMIC GAINS (e.g., complete course, improve grade, apply to post-secondary)

- | | |
|---|---|
| <input type="checkbox"/> NO, this will make it worse | <input type="checkbox"/> NO, this won't really help |
| <input type="checkbox"/> YES, this will help somewhat | <input type="checkbox"/> YES, this will help a great deal |

BEHAVIOURAL GAINS (e.g., improve school attitude, improve attendance, improve writing)

- | | |
|---|---|
| <input type="checkbox"/> NO, this will make it worse | <input type="checkbox"/> NO, this won't really help |
| <input type="checkbox"/> YES, this will help somewhat | <input type="checkbox"/> YES, this will help a great deal |

SOCIAL GAINS (e.g., improve peer relations, improve instructor relations)

- | | |
|---|---|
| <input type="checkbox"/> NO, this will make it worse | <input type="checkbox"/> NO, this won't really help |
| <input type="checkbox"/> YES, this will help somewhat | <input type="checkbox"/> YES, this will help a great deal |

EMOTIONAL GAINS (e.g., improve confidence in school, improve confidence in subject)

- | | |
|---|---|
| <input type="checkbox"/> NO, this will make it worse | <input type="checkbox"/> NO, this won't really help |
| <input type="checkbox"/> YES, this will help somewhat | <input type="checkbox"/> YES, this will help a great deal |

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In which academic areas does the student need support? (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Social Science <input type="checkbox"/> Writing Skills <input type="checkbox"/> EEL
At what academic level does the children work at? <input type="checkbox"/> Works below grade level <input type="checkbox"/> Works at grade level <input type="checkbox"/> Works above grade level
How does this student interact with his/her peers? <input type="checkbox"/> Positively <input type="checkbox"/> Little to no interaction <input type="checkbox"/> Negatively/aggressively
How does this student interact with authority figures? <input type="checkbox"/> Respectful <input type="checkbox"/> Challenging <input type="checkbox"/> Defiant
How would you describe this student's self-esteem? <input type="checkbox"/> Healthy <input type="checkbox"/> Over-compensates <input type="checkbox"/> Struggling <input type="checkbox"/> Negative
Does this student receive additional support at school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what types of supports?
Other comments, notes or helpful resources when working with this student:

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.

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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 Society (CCSS) and its partners. I agree to assume such risks and responsibilities.

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

I also authorize CCSS 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 Society, 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/her participation in CCSS Generations Homework Club.

Consent for Photography (check box that applies)

Furthermore, I Do [] / Do Not [] give permission for the employees and volunteers or CCSS 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 CCSS.

Name:

Date:

Signature:
