



Connections Homework Club

(Grade 4 – 7)

Registration Form (2019 - 2020)

Connections 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 or drop off at the Connections Community Services office located at 110 - 5751 Cedarbridge Way, during office hours from 9:30 a.m. to 4:30 p.m.

www.connectionscommunityservices.com



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PROGRAM TIMETABLE (2019-2020)

Parent's Copy

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

<input type="checkbox"/> 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								
Oct 07	Oct 21	Oct 28	Nov 04	Nov 18	Nov 25	Dec 02	Dec 09	Dec 16
No Class on Oct 14 (Thanksgiving Day) and Nov 11 (Remembrance Day)								
Winter Semester								
Jan 06	Jan 13	Jan 20	Jan 27	Feb 03	Feb 10	Feb 24	Mar 02	Mar 09
No Class on Feb 17 (Family Day), Spring Break Mar 16 - 27								
Spring Semester								
Mar 30	Apr 06	Apr 20	Apr 27	May 04	May 11	May 25	Jun 01	Jun 08
No Class on April 13 (Easter Monday) and May 18 (Victoria Day)								

<input type="checkbox"/> Connections Community Services, 110 - 5751 Cedarbridge Way (Main Entrance is on Lansdowne Road) Every Thursday (Based on School District Calendar), 3:30 p.m. to 5:00 p.m.								
Fall Semester								
Oct 10	Oct 17	Oct 24	Oct 31	Nov 07	Nov 14	Nov 21	Nov 28	Dec 05
** Dec 05 is last session for Fall Semester								
Winter Semester								
Jan 09	Jan 16	Jan 23	Jan 30	Feb 06	Feb 13	Feb 20	Feb 27	Mar 05
** Mar 05 is last session for Winter Semester, Spring Break Mar 16 - 27								
Spring Semester								
Apr 02	Apr 09	Apr 16	Apr 23	Apr 30	May 07	May 14	May 21	May 28
** May 28 is last session for Spring Semester								



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Application Form

For Office Use Only

<input type="checkbox"/> Monday, Richmond Public Library	<input type="checkbox"/> Thursday, Connections Community Services
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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	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	

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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 \$10 per hour will be applied on late pick-up if the child is not picked up by 5:10 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.

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?

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.



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: _____