



Connections Homework Club

(Grade 4 – 7)

Registration Form (2022 -2023)

The Generations Homework Club is a mentorship program that builds up a student's social skills, self-esteem, and confidence while working and helping the student with his/her 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. Next, they will move on to either homework brought in by the student and/or the workbook we provide to enhance the student's skills. The 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 additional 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).

Online Tutoring - every Monday via Zoom through individual devices of the student and tutor. Students will share their work with his/her designated tutor. The student will send it through their device, then the tutor and student will work together to finish the homework or assignment.

Classroom Tutoring - every Tuesday and Thursday

Tuesday - Richmond Public Library Brighthouse Branch @ 100-7700 Minoru Gate

Thursday - Trinity Western University R213 & 214 @ Lansdowne Mall 102 - 5300 No. 3 Road

HOW TO REGISTER?

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

www.connectionscommunityservices.com





Monday – Virtual via Zoom

Login ID: 6042717600 Password: TBA

Fall Semester							
Oct 17	Oct 24	Oct 31	Nov 07	Nov 14	Nov 21	Nov 28	Dec 05
<i>** No class after Dec 05 till Jan 09, 2023</i>							
Winter Semester							
Jan 09	Jan 16	Jan 23	Jan 30	Feb 06	Feb 13	Feb 27	Mar 06
<i>** No class on Feb 20 Family Day & Spring Break</i>							
Spring Semester							
Apr 03	Apr 17	Apr 24	May 01	May 08	May 15	May 29	Jun 05
<i>** No class on Apr 10 Easter Monday, May 22 Victoria Day, last day of class Jun 05</i>							

Tuesday - Richmond Public Library

Brighthouse Branch, 100 - 7700 Minoru Gate, Kids Area on Ground Floor

Fall Semester							
Oct 11	Oct 18	Oct 25	Nov 01	Nov 08	Nov 15	Nov 22	Nov 29
<i>** No class in December</i>							
Winter Semester							
Jan 10	Jan 17	Jan 24	Jan 31	Feb 07	Feb 14	Feb 21	Feb 28
<i>** No class in March</i>							
Spring Semester							
Apr 04	Apr 11	Apr 18	Apr 25	May 02	May 09	May 16	May 23
<i>** Last day of class in May 23 for spring semester</i>							

Thursday - Trinity Western University

Lansdowne Mall, 102 - 5300 No. 3 Road (next to JYSK), Room 213 & 214

Use the escalator to 2nd floor to enter the classroom

Fall Semester							
Oct 13	Oct 20	Oct 27	Nov 03	Nov 10	Nov 17	Nov 24	Dec 01
<i>** Dec 01 is the last class for fall semester</i>							
Winter Semester							
Jan 12	Jan 19	Jan 26	Feb 02	Feb 09	Feb 16	Feb 23	Mar 02
<i>** Mar 02 is the last class for winter semester</i>							
Spring Semester							
Apr 06	Apr 13	Apr 20	Apr 27	May 04	May 11	May 18	May 25
<i>** Last day of class in May 25 for spring semester</i>							



Registration Form

Please choose one of the following or all		
<input type="checkbox"/> Monday (virtual)	<input type="checkbox"/> Tuesday (in-person)	<input type="checkbox"/> Thursday (in-person)

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 so they will know how to best support the student and to ensure he/she can be successful in the program. Generations Homework Club is for students who may have some resistance to more traditional tutoring/mentoring programs due to extenuating circumstances, so staff and volunteers are trained to deal with various challenges the students may face.

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

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Please tell us a little about this student's educational **strengths** in school. Feel free to use point form/bullet form or other styles as long as it is clear (maximum 100 words).

Please tell us a little about this youth's educational **challenges** in school. Feel free to use point form/bullet form or other styles as long as it is clear (maximum 100 words)

What outcomes are anticipated for this student as a result of receiving Tutor/Homework Club support? Check only one option in each category.

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

NO, this will make it worse

NO, this won't really help

YES, this will help somewhat

YES, this will help a great deal

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

NO, this will make it worse

NO, this won't really help

YES, this will help somewhat

YES, this will help a great deal

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

NO, this will make it worse

NO, this won't really help

YES, this will help somewhat

YES, this will help a great deal

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

NO, this will make it worse

NO, this won't really help

YES, this will help somewhat

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 child(ren) 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 type(s) of support?
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 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 any reports or summaries made 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 Connections Community Services Society, its employees, directors/agents, partners, and funders of and from all manner of actions, causes, 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:
