



**The Pathways to Education™ Program
Parent/Guardian Registration Form (Ontario)
2010-2011**

FOR OFFICE USE
Proof of Address
Staff Initial: _____

Name of child: _____, _____
Last Name **First Name**

Male Female

Name of Parent/Guardian: _____, _____ M F
Last Name **First Name**

Address: _____ Apt. # _____

Postal Code: _____ Home Phone #: _____ Work Phone #: _____

E-mail Address: _____ Cell Phone #: _____

What is your relationship to the child (please check all that apply):

Parent (includes birth parent, step-parent, adoptive parent)
 Legal Guardian
 Other Family Member, please specify (e.g., Grandmother, Aunt, etc.): _____

Is there another parent/guardian? No Yes

Name of other parent/guardian: _____, _____ Male Female
Last Name **First Name**

Address (if different from above): _____ Apt. # _____

Postal Code: _____ Home Phone #: _____ Work Phone #: _____

Relationship to child: _____

Alternative Emergency Contact Information:

Name of Person we can contact in an emergency, if **unable** to reach you and/or your spouse:

_____, _____ Male Female
Last Name **First Name**

Relationship to the Pathways student: _____ Phone Number: _____

1. Is English/French your first language? Yes (**go to Question 2**) **if no,**

a) What is the first language spoken at home? _____

b) How much English/French are you able to speak and understand? None A little bit Some Quite a bit

c) Do you require translation/interpretation in our contacts with you? Written Verbal None

d) If we cannot access an interpreter, is there someone in your home who can interpret for you? Yes No

Name of the interpreter _____ Relationship: _____

2. Has your son/daughter received any extra learning support in school (e.g. Special Education, Resource, ESL)? Yes No

If Yes, please specify: _____

3. Does your son/daughter have any allergies, food restrictions, health concerns, or medications that Pathways should be aware of?
 Yes No

If Yes, please specify: _____

Additional required information: As part of a major initiative by the Ontario Ministry of Training, Colleges and Universities to provide additional support for post-secondary students who are the first in their family to attend college or university, we require the following information that will help us work with colleges and universities to better support students to be successful.

Please check the highest level of education completed:

Mother

Father

Did not graduate from high school

Did not graduate from high school

High school some or completed

some or completed

Trade or Technical School some or completed

some or completed

Community College some or completed

some or completed

University some or completed

some or completed

Completed in: Canada Elsewhere _____

Completed in: Canada Elsewhere _____

Is there an older child in the family who is now attending or has attended a College or University?

No

Now attending

Previously attended



The Pathways to Education™ Program
Photo/Video Release Form (OPTIONAL)
2010-2011

The Pathways to Education™ Program use images captured through video, photo and digital camera solely for educational and/or promotional purposes while your child is participating in the program. All images produced through any of these mediums become the property of The Pathways to Education™ Program and there is no compensation to Parents or Guardians for participant's images used in any promotional materials or publications. To the best of our ability, we will inform you when and if your child's image will be used for any educational or promotional materials.

I give permission for the Pathways to Education™ Program to use images captured through video, photo or digital camera to be used for educational and/or promotional purposes while my child is participating in the Program.

Yes [] No []

Date: _____ day of _____, 20_____

Name of Participant (please print): _____ Age: _____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____



**The Pathways to Education™ Program
Consent for Off-Site Mentoring (OPTIONAL)
2010-2011**

The Pathways to Education™ Program Mentoring activities regularly take place at predetermined locations in the community. However, occasionally mentoring is held off-site during the course of regular mentoring activities. The off-site mentoring activities are planned when appropriate to support participants in achieving and developing social and career goals.

I give permission to the Pathways to Education™ Program to include my son/daughter in off-site mentoring activities and special events.

Yes

No

Date: _____ day of _____, 20____

Name of Participant (please print): _____ Age: ____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____



The Pathways to Education™ Program Consent to Share Information for Minor Students (with Parent/Guardian)

The Pathways to Education™ Program is part of Mosaic Counselling and Family Services and works in partnership with the Waterloo Region District School Board and the Waterloo Catholic District School Board. Program staff may consult with staff of Mosaic Counselling and Family Services and of the Waterloo District School Boards (e.g. teachers, guidance, administrators), when appropriate to support participants to achieve academic, social and career goals.

I give permission to the Pathways to Education™ Program to share information with staff of the Waterloo District School Boards or other programs of Mosaic Counselling and Family Services, as necessary to ensure that I receive appropriate support and educational programming and that I am able to successfully participate in and benefit from the Pathways to Education™ Program.

I understand that information regarding school attendance and academic progress including course grades, as well as participation in Pathways tutoring and mentoring may be shared with my parent/guardian, Pathways' volunteers and program partners including post-secondary institutions when necessary, to support my participation and success in the Pathways to Education Program. Information will also be shared with Pathways To Education Canada for the purpose of program evaluation and funding requirements including, for example, name and post secondary information for purposes of follow-up, reporting, and support. Pathways Canada will not report any information which will allow the student to be identified.

I understand that the Pathways to Education™ Program of Mosaic Counselling and Family Services will not release information to any other person or agency without my consent, except when required by law.

I understand that information in the client record may be accessed according to the Program's policies and those of Mosaic Counselling and Family Services. Records may not be accessed by the parent/guardian unless the student agrees or is assessed not to be competent to understand the consequences of his/her actions.

I have read and agreed to the above terms (must be co-signed by the parent/guardian if the student is younger than 18 years old):

Name of student (please print) _____

Signature of student _____

Name of parent (please print) _____

Signature of parent _____

Date: _____ day of _____, 20 _____



**The Pathways to Education™ Program
Consent to Release Information
2010-2011**

I give permission to The Pathways to Education™ Program a program of Mosaic Counselling and Family Services to access my child's Ontario Student Records for the purposes of:

Data Collection:

I understand that Pathways to Education will collect information for all students in the Program with regards to attendance, marks, and credit accumulation and the information collected will only be reported as a group and, therefore, will not identify my child or any individual child.

Student Achievement:

I understand that Pathways to Education will continue working with the Waterloo District School Boards to ensure that my child receives appropriate educational programming.

I understand that at no time will the Pathways to Education staff be permitted to remove or copy any materials within the Ontario Student Record unless they have been given expressed permission by me to do so.

I understand that all information contained within the Ontario Student Records are privileged and secured and all information will remain in the property of the Waterloo District School Boards.

Pathways will retain the information enclosed in the Ontario Student Record for a period of 5 years, at which point all materials will be destroyed as per the Ministry of Health policy on destroying records (*you must inform the participant of how long this information is to be kept by the agency as per Privacy Policy*).

I give permission:

Name of child (please print): _____

Name of Parent (please print): _____

Signature of Parent: _____ Date: _____ day of _____, 20____

I do not give permission:

Name of child (please print): _____

Name of Parent (please print): _____

Signature of Parent: _____ Date: _____ day of _____, 20____

