

PARTICIPANT REGISTRATION 2016/2017 YEAR AFTER SCHOOL PROGRAM 6-10yrs

After School Program is a fully licensed and accredited program that included lessons in leadership, community connections, recreation and sport, health and nutrition, and Blackfoot language and culture.

Student Data

Child's Legal First Name: Child's Legal Last Name: Middle Name:

Child's Birth Date: Age: Sex: Phone Number

Current Mailing City/Town: Postal Code:

LEGAL LAND DISCRPTION:

School Attending: Phone Number: Dismissal Time:

E-mail Address:

Medical Information

Family Doctor: Clinic: Phone Number:

Alberta Health Care Number:

Does the participant have Medical?Health condition of which Opokaa'sin should be aware of?
i.e. Allergies, Reoccurring concerns

Yes

No

If yes, please describe:

Phobias/Extreme Fears:

Yes

No

If yes, please explain:

In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by the attending physician selected by the Director or Designate of the After School Program. I also authorize Opokaa'sin to provide or allow the provision of Health Care to the participant, only upon written consent of the participant's guardian, or the Health Care provided is in the nature of FIRST AID/CPR.

Signature:

Date:

Registration Information

Is the participant being referred by another agency?

If yes, please list:

Yes

No

What are some goals you hope to achieve at Opokaa'sin?

What are your expectations / outcomes?

What are the individual's pastimes, hobbies, interests or activities:

Aboriginal Status

Band

Status

Blood

Non-status

Peigan

Inuit

Siksika

Metis

Other (please list)

Other (please list)

Family Data: If you reside outside city limits please provide a legal land description

Mother/Guardian:

Does the child
reside with you?

Name:

Address:

Yes

No

City:

Phone number:

Alternate Number:

Postal Code:

E-mail:

Father/Guardian:

Does the child
reside with you?

Name:

Address:

Yes

No

City:

Phone Number:

Alternate Number:

Postal Code:

E-mail:

Client Rights

Opokaa'sin Early Intervention Society shall provide the following so that every client's rights are protected:

The right to access an Aboriginal Resources Person

The right to services that respect your values and strengths as an individual

The right to decide your involvement and participation in the program

The right to confidentiality of records

The right to correct information in your file

The right to access, upon written request, to your own records

The right to referral to other community agencies at any time

The right to give feedback about the program's services and support

The right to decline services

The right to makes changes to clients rights statement

I have reviewed the above with my Opokaa'sin worker and understand my rights as outlined.

Parent/Guardian:

Signature:

Date:

Emergency Information

If you are not available, persons authorized to care for the participant in case of emergency>Please ensure that the person is aware that their name has been used.

1. Name:

Relationship:

Address:

Phone Number:

2. Name:

Relationship:

Address:

Phone Number:

Person(s) authorized for pick-up:

Consent Form

I am aware that Opokaa'sin Early Intervention Society and its mission to carry out its goals and objective.

Rights to an Aboriginal Person

I am aware that Opokaa'sin Early Intervention Society, as an aboriginal society will follow the integrity of its culture, values, language, beliefs, principles and ceremonial practises for the empowerment of children, families, individuals, communities and agencies. Opokaa'sin Early Intervention Society provides and ensures that all clients have the right to access approval agency elders and spiritual leaders to assist in First Nations children and family cultural/personal development leading to a better quality of life.

INITIAL: _____

Eligibility:

I understand this in order to participate I need to sign the consent form to allow Opokaa'sin to work with the participant. If there has been any work or testing done on this participant I need to share this with Opokaa'sin to help continue to build upon. If there are any meetings called to assess the development of this participant or any other concerns that may arise, I attend those meetings as requested.

INITIAL: _____

Audio and Video:

The use of audio and/or visual recording methods for diagnostic, therapeutic, or training purposes occurs only with full knowledge of the purpose by the by the client and guardian, and with their written approval. The written approval will describe the intended use of the recording. Parents/ Guardians will be contacted by Opokaa'sin for separate written consent in the following instances: photographs or video taken where the material will be used outside of the program, release of participant names outside of the program, copyright for artwork or creative writing which will be reproduced for use outside the program, and acceptable use of IT services and hardware.

INITIAL: _____

Client Access to Files

Clients have the right to access their own files, with the exception that in the event that some information is in conflict with the services plan and/or professional assessments that are deemed confidential.

All information penned by the agency will be available for the clients viewing:

- 1. Access to information will be gained once a written request has been obtained.
- 2. Director has had time to review the file to remove documentation that is to vetted, this included any documentation in which a third party has not given consent to release.
 - A. Information received for the clients file from another agency and/or service provider.
- 3. Director will schedule a time and date to have the clients come in to observe his or her file in the presence of the Program Supervisor.

I understand my rights regarding access to my file at Opokaa'sin.

Yes No

Name:

Signature:

Date:

Early Intervention Team
Leader:

Signature:

Date:

Client Grievance Procedure

All clients have the right to file or lodge a grievance against the employee or agency. All grievances filed with the agency or employee are investigated, responded to, and documented in a timely fashion. A grievance is defined as the dissatisfaction which a client feels, when he/she believes, rightly or wrongly that he/she has not been treated fairly or when he/she believes a mistake has been made in the administration of a rule, or agency policy. The following graduated steps in the grievance procedure may be terminated at any stage where a resolution of the problem or agreement is reached. Except in cases of the suspension or termination the individual will continue to perform his/her duties throughout all stages of the grievance procedure.

The individual involved (client) will seek to settle the dispute through a discussion with his/her immediate worker within five (5) working days of the misunderstanding or violation. If the dispute is not satisfactorily resolved at this level it becomes a grievance and advantages to the next level.

The individual (client) can then lodge a grievance with their workers supervisor within five (5)workings days after the above discussion. This shall be documented in written form by the supervisors and contain; the nature of the grievance the cause claimed to have violated redress sought, and any other appropriated and relevant information.

if the client dose not feel the grievance has been dealt with satisfactorily, then the grievance will go to the Executive Director. The Executive Director shall acknowledge the documentation of the grievance within (5) working days and shall forward a copy of the agency's grievance policy to the griever. The Executive director shall conduct an investigation and shall make his/her position known to the griever in writing within (20) working days of receipt of the letter.

if the grievance is not resolved to satisfaction of the aggrieved at this level, the Executed Director shall provide the individual with the name address of the children's Advocate (if applicable), as we as the Chairperson of the Opokaa'sin Board of Directors. The individual's grievance will be submitted to the Board of Directors within five (5) working days.

Staff will assist clients at all levels of the grievance within reason. Any assistance in communicating the grievance within reason. Any assistance in communicating the grievance in a fair and just way shall be facilitated in a timely manner. The clients access to supports during the process is encouraged (extended family member, elders, any natural supports/advocates).

Name:

Signature:

Date:

This authorization is valid from: _____ to _____

Consent for admission to services - Information sheet for After School Participants

I understand that I am provided a services by Opokaa'sin Early Intervention Society (After School Program) At the request of (Parent/Guardian)

If I have any questions, concerns or ideas concerning the outline and/or progress while in the programs, I understand that I can contact the **Early Intervention Team Leader** of the program. I also understand that for the program to evaluate how effectively it has been in providing my services certain information is required. This involves collecting information about me (client) on a computer database called ETO.

My information will be collected along with any other receiving this service and this will become what is called *group information*. When using this group information, I understand that any identifying information such as my name, address, ect., will be erased so no one knows any information about my services being included in the group information. The group information will also be added to information for other similar services from other town and cities to help discover how different services work. This discovery is called the *Best Practice Research*.

If i wish to see the information about me in the database I can ask the **Early Intervention Team Leader**. If i do not want people within this program to collect information about me I understand that I must tell the people from the program so that they will follow my wishes.

Access to client files can occur through the Freedom of Information and Protection of Privacy Act or through request to view the files at the agency.

I have read and understand the "Consent for Admission to Services"

Parent/Guardian:

Signature:

Date:

I, _____, do authorize Opokaa'sin Early Intervention Society to pick up my child, _____, To Participate in the After School Program, I realize that I am responsible for contacting Opokaa'sin in the event that my child will not be attending on the assigned days. I am also responsible for informing my child's school of the arrangements made with Opokaa'sin. I am aware that the agency us not responsible for any loss or damages that may occur during the activity. I am also aware that if my child has special transportation needs these will not be provided by Opokaa'sin and alternate arrangements/costs will be made by me, the parents/guardian.

Signature

Date: