



Centre Famille et Ressource
Bâtir le Succès de la Communauté, Une Famille à la Fois

Family Resource Center
Building Community Success One Family At A Time

Program Registration Form

CONTACT INFORMATION

Name of Client

Name of Parent

Address

Home Phone

Cell Phone

Work Phone

Other Phone

Email Address

PROGRAM OF INTEREST

Please state the program of interest:

CLIENT INFORMATION

Date of Birth

Age

Medicare Number

Expires:

Doctor's Name & Number

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info@familyresourcecenter.qc.ca | www.familyresourcecenter.qc.ca



Name of School

Grade

Teachers

Has your child been diagnosed with a learning disability?

If yes, please specify:

Date of Assessment:

Assessed by:

Can the Center send an outline and updates of the Social/Study Skills Program to your child's teachers?

If yes, teacher's email:

Referred to the Center by:

INDIVIDUALS AUTHORIZED FOR CHILD PICK-UP

Name

Phone Number

Relationship to Child

Name

Phone Number

Relationship to Child

PARENT QUESTIONNAIRE

What are the specific concerns that you have about your child's social and/or study skills?

Which of these is most problematic?

Vertical line indicating a response area.

How often and where does it occur?

What do you expect your child to gain from this program? What would be a reasonable goal for him/her?

What does your child excel at? What are his/her strengths? What does he/she like to do (hobbies, interests, etc.)?

Does he/she have friends? How does he/she interact with those friends?

Do you feel that your child works well in groups? If no, why not?

Is there any further information you feel would be pertinent?

Parent Signature

Date

Child Medical Consent Form

I, _____, legal guardian of _____, authorize the staff at the Family Resource Center to administer any form of First Aid to my child in the event of an emergency or injury. I understand that if needed, steps will be taken to notify the appropriate healthcare professionals, and that the center will make any necessary medical decisions until I or my emergency contact can be reached.

EMERGENCY CONTACT

Emergency Contact: _____

Relationship to child: _____ Phone number: _____

MEDICAL INFORMATION

Child's Medicare number: _____

Medical Conditions:

Allergies:

Epipen: _____ Medical Alert bracelet: _____ Other: _____

Medications:

Signature of guardian: _____

Phone number: _____ Date: _____

Authorization for Pictures/Videos

I, _____, (legal guardian of
_____, child under 18), give permission to
have myself/child photographed or video taped. I understand that this footage
may be used for promotional purposes outside of the organization

Exceptions:

Comments:

Signature of Guardian

Date

Behaviour Rating Form

Name: _____

Relationship to child: _____ Date: _____

Please complete this form. If a description matches your child,
place an X in the box which shows how serious it is.

This Child...	Not at all	Just a little	Pretty much	Very much
Often fails to give close attention to details or makes careless mistakes in school work, homework, or other activities				
Often has difficulty sustaining attention in tasks or play activities				
Often does not seem to listen to what is being said to him or her				
Often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)				
Often has difficulties organizing tasks and activities				
Often avoids or strongly dislikes tasks (such as schoolwork or homework) that require sustained mental effort				
Often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, or toys)				
Is often easily distracted by extraneous stimuli				
Often forgetful in daily activities				
Often fidgets with hands or feet or squirms in seat				

Leaves seat in classroom or in other situations in which remaining seated is expected				
Often runs about or climbs excessively in situations where it is inappropriate				
Often has difficulty playing or engaging in leisure activities quietly				
Is often “on the go” or often acts as if “driven by a motor”				
Often talks excessively				
Often blurts out answers to questions before the questions have been completed				
Often has difficulty waiting in lines or awaiting turn in games or group situations				
Often interrupts or intrude on others (e.g. butts into conversations or games)				

Comments/Other:

Areas of Development

Client Name: _____

Areas to Work On:

(Signify with an X or checkmark)

<input type="checkbox"/>	Teamwork (Individual Roles and Basic Group Dynamics)	<input type="checkbox"/>	Styles of learning
<input type="checkbox"/>	Listening & Following Directions	<input type="checkbox"/>	Teamwork (Conflict Resolution)
<input type="checkbox"/>	Organization	<input type="checkbox"/>	Decision Making/Problem Solving
<input type="checkbox"/>	Developing Your Personalized Study Space	<input type="checkbox"/>	Note Taking
<input type="checkbox"/>	Effective Studying Techniques	<input type="checkbox"/>	Oral Presentations
<input type="checkbox"/>	Homework	<input type="checkbox"/>	Test taking
<input type="checkbox"/>	Routines	<input type="checkbox"/>	Respect
<input type="checkbox"/>	Dealing with Strong Feelings	<input type="checkbox"/>	Manners
<input type="checkbox"/>	Building & Maintaining Friendships	<input type="checkbox"/>	Communication
<input type="checkbox"/>	Managing Unstructured Time	<input type="checkbox"/>	Getting Along & Joining In
<input type="checkbox"/>	Overall Self-Esteem	<input type="checkbox"/>	Anger Management
<input type="checkbox"/>	Hygiene	<input type="checkbox"/>	Body Image
<input type="checkbox"/>	Relationships/Dating and Break-ups	<input type="checkbox"/>	Sex and Protection/STI/STD
<input type="checkbox"/>	Alcohol & Drugs	<input type="checkbox"/>	Friends vs. "Frenemies"
<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Bullying
<input type="checkbox"/>	Rape/Date Rape/Sexual Abuse	<input type="checkbox"/>	Peer Pressure
<input type="checkbox"/>	Gynecologists	<input type="checkbox"/>	Self Defense
<input type="checkbox"/>	Healthy Eating	<input type="checkbox"/>	Menstruation/ Female Hygiene

<input type="checkbox"/>	Self Advocacy	<input type="checkbox"/>	Empowerment
<input type="checkbox"/>	Tolerance/Acceptance of Others/Honoring Diversity	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Secrets and Honesty	<input type="checkbox"/>	Being Alert and Aware
<input type="checkbox"/>	The Bystander Effect in life	<input type="checkbox"/>	Destructive Behaviours
<input type="checkbox"/>	Positive Role Models	<input type="checkbox"/>	Creating a Life Path
<input type="checkbox"/>	Communicating with Adults and Peers	<input type="checkbox"/>	Puberty and Body Changes
<input type="checkbox"/>	Family Structures	<input type="checkbox"/>	Personal and Interpersonal and Environmental Respect
<input type="checkbox"/>	Depression and the Blues	<input type="checkbox"/>	Divorce
<input type="checkbox"/>	Proper Appearance/Clothing/Style	<input type="checkbox"/>	Exercise
<input type="checkbox"/>	Critical Thinking	<input type="checkbox"/>	Expressing Individuality
<input type="checkbox"/>	Internet Safety	<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	Time Management	<input type="checkbox"/>	Self-Advocating
<input type="checkbox"/>	Responsibility and Consequences	<input type="checkbox"/>	Stress and Stress Release
<input type="checkbox"/>	The Teen Experience	<input type="checkbox"/>	First Aid Basics and Safety
<input type="checkbox"/>	Career Paths/Thinking about the Future	<input type="checkbox"/>	High School and What to Expect
<input type="checkbox"/>	Romantic Relationships	<input type="checkbox"/>	Stealing and Lying
<input type="checkbox"/>	Self-Acceptance	<input type="checkbox"/>	Body Image
<input type="checkbox"/>	Overall Emotional Wellbeing	<input type="checkbox"/>	Independence
<input type="checkbox"/>	Taking Initiative	<input type="checkbox"/>	Dealing with Anxiety
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	

What has already been worked on up to this point?

(Signify by highlighting areas above)

Signature of Client (18+ or Guardian)