Ka Ni Kanichihk Inc.

Butterfly Club & Sister’s Circle

Participant Information Package

Youth Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PLEASE READ CAREFULLY BEFORE YOU SIGN*

|  |
| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information contained in this application is true and correct to the best of my knowledge. I realize that any false information contained in this application may result in my disqualification from Ka Ni Kanichihk Inc.’s programs. I hereby authorize the disclosure to Ka Ni Kanichihk Inc. of any information from any source for the purpose of verifying and/or investigating this application. |
| **Privacy Notice:** I understand this application and information in my child’s file is the property of Ka Ni Kanichihk Inc. should the Butterfly Club cease to exist. Ka Ni Kanichihk Inc. values our relationship with you and respects your privacy. We do not sell or barter your information to third parties. Any disclosure of your information will be done with your consent and appropriate safeguards taken under circumstances outlined in our Privacy Code |
| **Privacy Consent:** I understand and acknowledge that Ka Ni Kanichihk Inc. collects, uses, and discloses my personal information on the basis outlined in Ka Ni Kanichihk Inc. Privacy Code, a copy of which I may obtain upon request. By requesting Ka Ni Kanichihk Inc. services, I hereby consent to the collection, use, and disclosure of my personal information by Ka Ni Kanichihk Inc. on such basis |

|  |  |
| --- | --- |
| *Parent / Guardian Signature* | *Date* |

# Youth Information

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Address |  |
| Primary Ph. # |  |
| Pronouns | *(she / her / they / them / he / him, etc.)* |
| Ancestry | * Indigenous

Nation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(anishinaabe, cree, dakota, dene, metis, inuit, etc.) |
| * Non-Indigenous
 |

**Parent/Guardian #1 Information**

|  |  |
| --- | --- |
| Name |  |
| Relationship to youth |  |
| Address |  |
| E-Mail  |  |
| Primary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |
| Secondary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |
| Primary Caregiver? | * Yes
 | * No
 |
| Single Parent? | * Yes
 | * No
 |

**Parent/Guardian #2 Information**

|  |  |
| --- | --- |
| Name |  |
| Relationship to youth |  |
| Address |  |
| E-Mail  |  |
| Primary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |
| Secondary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |
| Primary Caregiver? | * Yes
 | * No
 |

# Emergency Contact #1

|  |  |
| --- | --- |
| Name |  |
| Relationship to youth |  |
| Address |  |
| E-Mail  |  |
| Primary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |
| Secondary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |

# Emergency Contact #2

|  |  |
| --- | --- |
| Name |  |
| Relationship to youth |  |
| Address |  |
| E-Mail  |  |
| Primary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |
| Secondary Ph. # |  |
| * Cell
 | * Work
 | * Home
 |

# Medical Information

|  |  |
| --- | --- |
| Family Doctor |  |
| Office Address |  |
| Office Ph. # |  |
| MHSC 6 digit # |  |
| PHIN 9 digit # |  |

|  |
| --- |
| Is there anything that staff need to know about the participant that could potentially impact their overall well-being in the program?*(allergy, medication, accessibility, legal, mental health, etc.)* |
| * Yes
 | * No
 |

|  |
| --- |
| If yes, please specify: |
| * Allergy / Dietary
 | * Medication(s)
 | * Accessibility needs
 |
| * Family / Legal
 | * Mental Health
 | * Behavioural
 |
| * Other:
 |

# Medical Information cont’d

|  |
| --- |
| Please provide a brief explanation of the situation that could potentially impact the participant’s well-being in the program? |
|  |
| How can staff support the participant in these situations? |
|  |

**Additional Professional Family Supports**

**Additional Family Support #1**

|  |  |
| --- | --- |
| Worker Name |  |
| Agency |  |
| Primary Ph. # |  |
| Relationship to family | * Social Worker
 | * Family Enhancement Worker
 |
| * Support Worker
 | * Other:
 |

**Additional Family Support #2**

|  |  |
| --- | --- |
| Worker Name |  |
| Agency |  |
| Primary Ph. # |  |
| Relationship to family | * Social Worker
 | * Family Enhancement Worker
 |
| * Support Worker
 | * Other:
 |

**Referral Source**

|  |  |  |
| --- | --- | --- |
| * Self-referral
 | * Friend / Family
 | * School
 |
| * Professional Family Support
 | * Social Media / Website
 | * Other:
 |

**mino bimaadiziwin contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, recognize that my behaviour impacts the safety and success of myself and other participants in Ka Ni Kanichihk’s Butterfly Club and/or Sister’s Circle program(s). In order to ensure this remains a safe space for myself, staff, and other participants, I will abide by the following guidelines based off the 7 sacred teachings:

* Respect: I will treat staff and other participants with the same level of respect I want to receive
* Courage: I will make a courageous effort to participate in all Butterfly Club and/or Sister’s Circle activities, even if they are outside of my comfort zone
* Humility: I will honor my personal gifts, and the gifts of other participants by allowing everyone to partake in programs and activities without distractions
* Wisdom: I will use wisdom to follow directions from staff, help others, and ask for help when necessary
* Love: I will create a safe, loving, and consensual space for all participants by honoring personal space unless given consent
* Truth: I will be truthful about my intentions and whereabouts while participating in programs
* Honesty: If for some reason, I am unable to fulfill any of the previous statements while participating in programs, I will ask the staff for help navigating the situation in a good way that honors the mino bimaadiziwin contract.

We, the undersigned, understand that if these expectations are not upheld, I can be removed temporarily or permanently from Ka Ni Kanichihk Inc.’s Butterfly Club and/or Sister’s Circle programs.

|  |  |
| --- | --- |
| *Participant Signature* | *Date* |
| *Parent/Guardian Signature* | *Date* |
| *Staff Signature* | *Date* |

**Consent and Liability**

|  |  |
| --- | --- |
| **Travel**The Butterfly Club and Sister’s Circle programs include scheduled outings, special events off-site, and program activities away from the office, etc. You will be notified in advance of any time we may leave the main site of 34 Higgins Ave.This document serves as sufficient authorization for my child to travel with Ka Ni Kanichihk Inc.’s Butterfly Club and Sister’s Circle staff to desired locations via personal or company vehicle, chartered bus, public transportation, or whatever form of transportation deemed necessary. | *\_\_\_\_\_****Initials*** |
| **Release of Information**The Butterfly Club and Sister’s Circle programs measures impact in the community by gathering specific information such as attendance, demographic, food security, health & wellness, etc. I understand that this information will be strictly used for the purpose of securing funding, submitting reports, and developing quality programs for Ka Ni Kanichihk Inc.This document serves as sufficient authorization for the release of relevant information pertaining to my child’s participation in Ka Ni Kanichihk Inc.’s Butterfly Club and Sister’s Circle program for the purpose of securing funding, submitting reports, and program development. | *\_\_\_\_\_****Initials*** |
| **Photograph**The Butterfly Club and Sister’s Circle programs take pride in the work that we do with our community. Staff may request to photograph participants during programs. I understand that my child may be photographed for use in promotional materials, annual reports, media releases, etc. This document serves as sufficient authorization for Ka Ni Kanichihk to use photos of my child for previously mentioned purposes. | *\_\_\_\_\_****Initials*** |
| **Attendance**Ka Ni Kanichihk’s Butterfly Club and Sister’s Circle programs have limited capacity for participant spaces which results in the creation of a waitlist when we reach capacity. We have introduced an attendance policy in order to ensure our program reaches as many folks as possible. The participants and their parents/guardians are responsible for letting program staff know if their youth is unable to attend an event. To ensure all youths have opportunities to attend, instances that may result in removal from the program include:* A participant missing 3 program nights in a row **without calling** in advance
* A participant missing 8 program nights within the **duration** of the program, **with or without calling** (with the exception of losses, illnesses, etc.)
 | *\_\_\_\_\_****Initials*** |

|  |
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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have:* reviewed and signed page 6 outlining consent and liability forms
* reviewed and signed the mino bimaadiziwin contract with my youth and Ka Ni Kanichihk Inc. staff

and give my child, ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to participate in Ka Ni Kanichihk Inc.’s Butterfly Club and/or Sister’s Circle programs, including all events and special outings. |
| *Parent / Guardian Signature* | *Date* |

**Pick-Ups**

Ka Ni Kanichihk’s Butterfly Club and Sister’s Circle staff have implemented a Safe Pick Up policy to ensure the safety of all participants during programming. This policy includes the creation of a “Safe Pick Up” and “No Contact” list with parents/guardians and staff members, as well as the creation of a safety plan if a person from the “No Contact” list comes to pick up your youth during programming. It is up to the parent/guardian to update staff on any changes to the “Safe Pick Up” and “No Contact” lists.

All folks picking up Butterfly Club or Sister’s Circle participants must:

* **Be on the participant’s safe pick-up list**
* **Be able to provide valid photo identification** *(OR be personally introduced to staff members PRIOR to first pick-up)*
* **Arrive to pick up youth within half an hour of the event end**

I understand that if the individual picking up my youth (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) is not on the following “safe pick up” List and does not have valid identification (or identity confirmed by parents/guardians and staff via in-person meeting), we cannot allow the youth to leave with them. I understand that my youth MUST be picked-up within half an hour of the program/outing/event end time.

|  |  |
| --- | --- |
| *Parent / Guardian Signature* | *Date* |

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| --- |
| **SAFE PICK UP** |
| **Full Name** | **Phone #’s** | **Relationship to Youth** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **NO CONTACT** |
| **Name** | **Relationship to Youth** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Safety Plan:** |