



# DELTA FAMILY RESOURCE CENTER — REGISTRATION FORM

To access DFRC Services every client must complete a registration form. Collected information is protected by the Privacy Legislation and is used only to meet reporting requirements for funding.

## General Information (Print Only)

## YOUTH REGISTRATION FORM

Name: \_\_\_\_\_  
(First) (Last) (Middle)

Address: \_\_\_\_\_ Apartment/Suite #: \_\_\_\_\_

Nearest major intersection: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Have you ever filled out this form at DFRC before? Yes  No

Please answer the following using the check mark in the appropriate box.

Gender: Male  Female  Age Range 11-12  13-14  15-19  20-24

Were you born outside Canada: Yes  No  Are you a student?\* Yes  No

If yes, what is your status? Citizen  Landed Immigrant  Conventional Refugee  Other

Are you a student?\* Yes  No  First Language: \_\_\_\_\_

If you are a student, what school do you attend? \_\_\_\_\_

Please check the boxes to indicate the programs you wish to register for.

### Youth Programs:\*

Educational Workshops  Life Skills Training  Sports/Recreation Programs

Leadership Training  Employment  Arts and Crafts

Other: \_\_\_\_\_  
(Please Specify)

**Please read and sign the following if registering for Community Office Services these would include: (Telephone, Fax Machine, Photocopier, Computer/Internet use and other office related material).**

I have reviewed the policies/procedures relating to the use of the the machines and services listed above and acknowledge that failure to abide these established policies may result in revocation of community office services.

Clients signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photo Consent : Yes  No  Sign below acknowledging you permit or deny to be photographed and for these photos to (not) be published or displayed by Delta Family Resource Center for promotional purposes.

Client signature: \_\_\_\_\_ DFRC Staff \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature\* \_\_\_\_\_

\*Only needed if you are registering for a Youth Program.

