



A RIPPLE EFFECT REGISTRATION FORM

(Everything on this form is strictly confidential. For office use only. No parents or volunteers see this form)

Top 11 Reasons for your family to sign up to A Ripple Effect:

1. **WEEKLY VISITS FROM RESPONSIBLE AND VIBRANT TEENS BRINGING FUN AND FRIENDSHIP.**
2. **MONTHLY TRIPS FOR THE KIDS AND THEIR BUDDIES.**
3. **PERSONALIZED BIRTHDAY PARTIES WITH CAKE AND GIFTS.**
4. **GET AN EXTRA SPECIAL GIFT/BASKET ON CHANUKAH + PURIM.**
5. **TAP INTO A LITTLE EXTRA HOMEWORK HELP.**
6. **SHABBAT AND JEWISH HOLIDAYS.**
7. **PRE PASSOVER SUNDAY FUNDAY.**
8. **INDIVIDUALIZED MUSIC, ART AND HEBREW SCHOOL LESSONS.**
9. **PAMPERING EVENTS FOR OUR DEDICATED MOMS AND DADS.**
10. **CATERED ROSH HASHANA AND PASSOVER MEALS.**
11. **FUN, FRIENDSHIP AND SMILES.**

HEALTH FORM

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A Ripple Effect provides youth volunteers to support, assist, and be a friend, to children in the community. Some are affected by illness, some by exceptionalities, and some by tragedy. We organize family events, and community events for the families in our program.

We are here to make a positive difference in our community, and make sure everyone has support and love.

Weekly visits begin Oct. 27, 2019.

Please let us know if you would you be interested in one of the following personalized programs:

- Art Lessons
- Music Lessons
- Hebrew School Lessons

Please Fill out the Health Form Below

Please notify of any change in health status from the time this form is completed, while the child is in our program, so we can assist properly.

This form can be filled by a parent or guardian.

General Information / Contact Information:

Child Name: _____

Date of Birth: day / month / year

Sex: M F

Child 2 Name: _____

Date of Birth: day / month / year

Sex: M F

Child 3 Name: _____

Date of Birth: day / month / year

Sex: M F

Child 4 Name: _____

Date of Birth: day / month / year

Sex: M F

Child 5 Name: _____

Date of Birth: day / month / year

Sex: M F

Home Address: _____ Home #: (____) ____ - ____

Custody/Living Arrangements: Both Parents Shared Custody Sole Custody

Contact #1:

Name: _____ Relationship: _____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____ Business #: (____) ____ - _____

Contact #2:

Name: _____ Relationship: _____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____ Business #: (____) ____ - _____

Emergency Contact (for our office to have on file, for an emergency when we organize trips and events)

Name: _____ Relationship: _____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____ Business #: (____) ____ - _____

Physician Information: OPTIONAL

Family Doctor Name: _____ Phone #: (____) ____ - ____

Specialists Name: _____ Type of Specialty: _____ Phone#: (____) ____ - _____

Specialists Name: _____ Type of Specialty: _____ Phone #: (____) ____ - _____

Medically Confirmed Allergies:

Please list: _____

Do you have any pets? _____

What day of the week would be ideal for “My Big Friend” to come visit? _____

Please let us know any pertinent medical information below:

Other – Please specify:

Health History:

Please let us know of anything in your child’s medical history (with the case or date of that incident or condition) that may be relevant to our program, or to the support they may need from their volunteers in our program (i.e. an accident, surgery, condition etc):

Emotional, Social and Mental Health History:

*Detailed answers to these questions will assist us in making sure your child’s needs are met in a loving and supportive way.

Has the child received a diagnosis of Attention Deficit Disorder (ADD) or ADHD?

Yes No

Has the child received a psychiatric diagnosis, such as depression, OCD, or panic/anxiety?

Yes No If yes, please

specify: _____

Does the child see (or has the camper seen) a professional to address mental/emotional concerns?

Yes No If yes, please specify:

Has the child required counseling for emotional, behavioural or mental health concerns?

Yes No If yes, please specify:

Does the child have a learning disability?

Yes No If yes, please specify:

Does the child have any physical disabilities?

Yes No If yes, please specify:

Are there any restrictions to activities or any accommodations your child needs?

Yes No If yes, please specify what adaptations or limitations may be necessary: _____

Immunizations

We have chosen NOT to immunize our child? Yes

Health Canada states the following immunizations are mandatory: Measles, Mumps, Rubella, Pertussis, Tetanus, Diphtheria, Polio, Meningococcal, and Chicken Pox.

Thank you for understanding.

Privacy Statement

We take your privacy seriously. We created this privacy statement to demonstrate our firm commitment to your privacy. We promise that we will take steps to use your personal information only in ways that are compatible with this Privacy Policy.

Information About You

When you voluntarily provide it, we collect personal information in the course of interacting with your child. We may use it to be able to provide the best possible support, in a safe environment, for your child.

We may use the information you give us to provide services to you, at your request. We may use it to communicate with you through periodic messages regarding services, events, and other information and notices. We use information you provide about others to enable us to support your child. We only use contact information to send information requested or to contact users as necessary.

We do not sell, rent, swap or otherwise share our mailing lists with external organizations. Any personal information you provide to us will not be disseminated to third parties outside of our organization.

We pledge that we will never willfully sell, trade, rent, disclose, or make available personally identifiable information about you to any third party without first receiving your permission, except when we believe in good faith that the law requires it, or to protect our rights or property.

Email Subscription Lists

We will never subscribe you to any mailing list without your request or agreement. If you are subscribed to any lists, we provide the ability to opt-out of receiving these communications from us. We will never pass on your email address to a third party or send you spam.

Contacting Us

If you have any questions about this privacy statement, please contact us.

Signatures _____