



## ConnectED Pathways Program Application Form

### Parent/Guardian Information

First Name		Last Name	
Relationship to the Applicant	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Other <input type="checkbox"/>
Country of Origin			
Home Address			
Phone Number		Email	
What is the best way to contact you?	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Regular Mail <input type="checkbox"/>
Have you attended any programs at SIA?	LINC <input type="checkbox"/>	LITE <input type="checkbox"/>	Mentorship <input type="checkbox"/>
	PACT <input type="checkbox"/>	E4E <input type="checkbox"/>	NONE <input type="checkbox"/>
Are you able to transport your child?	Own Vehicle <input type="checkbox"/>	Public Transportation <input type="checkbox"/>	NO <input type="checkbox"/>
Which location do you prefer?	<input type="checkbox"/> Saskatoon Evangelical Free Church: 3102 Laurier Dr, SK S7L 5J7 <input type="checkbox"/> SIA Main Office: 601-B 1st Ave N, S7K 1X7 <input type="checkbox"/> Saskatoon Full Gospel Church Inc: 2410 Haultain Ave, SK S7J 1R3		

### PARENT/GUARDIAN CONSENT

I consent to the below child (or children) to participate in the Pathways program through the Saskatchewan Intercultural Association. I consent to the sharing of my child's information with SIA program funders and I understand that my child's information will not be shared with any unauthorized third party, and all information gathered will be kept confidential.

Date:

Parent/ Guardian Signature:

### Number of Children Applying for the Program

Child's Full Name	Age	Date of Birth

\*Please continue to the second page...





Applicant (Child's) Information							
First Name:				Last Name			
Date of Birth				Grade			
Gender	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Other <input type="checkbox"/>	Age	6-8 <input type="checkbox"/>	9-13 <input type="checkbox"/>	14-18 <input type="checkbox"/>
Country of Origin				Date of Arrival in Canada			
Phone Number				Email Address			
Are you a	Permanent Resident <input type="checkbox"/>	Refugee <input type="checkbox"/>	Other:				
Permanent Resident ID No. (UCI):							
What school do you attend?							
Do you have any allergies or food restrictions (halal, vegetarian, etc...)?							
Have you attended the ConnectED program before? If yes, when?							
What are some of your interests?							

Applicant (Child's) Information							
First Name:				Last Name			
Date of Birth				Grade			
Gender	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Other <input type="checkbox"/>	Age	6-8 <input type="checkbox"/>	9-13 <input type="checkbox"/>	14-18 <input type="checkbox"/>
Country of Origin				Date of Arrival in Canada			
Phone Number				Email Address			
Are you a	Permanent Resident <input type="checkbox"/>	Refugee <input type="checkbox"/>	Other:				
Permanent Resident ID No. (UCI):							
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