

Membership Registration Orientation

Why do I have to register?

Our Children, Our Future/Nos enfant, notre avenir (OCOF/Nena) registers every adult and child that participates in programming so that we can keep track of how many parents, caregivers, and children we are serving. Registration and/or renewal occur every year.

Why are you asking for this information?

OCOF/Nena collects this information for many reasons:

1. To track how many different parents, caregivers and children are attending programs.
2. We want to know if we can better serve those who attend programs.
3. We want to ensure the safety of the children who attend programming by having information about their allergies, special needs, and emergency contact information should something happen to their parent or caregiver while they are attending program.
4. So that we have your contact information should special programming arise that you may enjoy and/or benefit from attending.

What information is required?

The information OCOF/Nena requires from adults, parents, caregivers and children attending programming is:

- Full Name
- Date of Birth
- Address
- Phone Number
- Emergency Contact Information (Name and Phone Number)

What information is voluntary?

Aboriginal status and preferred language of programming is voluntary information and is used to evaluate the appropriateness of cultural and linguistic services. The demographic information about parents is also totally voluntary. This information includes marital status and employment status. This information is confidential and is collected for evaluation purposes only. It is used to evaluate whether OCOF/Nena are reaching the diversity of families that live within our programming areas.

What does “Consent for Photos/Videos” mean?

Photo/Video consent means that OCOF/Nena staff and its associates can use photos/videos taken at programs for external use in advertisements, calendars, publications, etc. and for internal use for bulletin boards, documentation, learning stories, etc. It also means that adults and children may be in photos/videos that other families take while visiting program sites. This consent releases OCOF/Nena from any claims of wrong-doing or invasion of privacy.

Consent to Collection of Personal Information

I _____ hereby consent to the collection of the information in the attached Membership Form by Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena). I understand that this information is being collected for the sole purpose of providing myself and my children with access to the programs and services offered by OCOF/Nena. This may include being contacted from time to time by telephone, e-mail or by mail. I understand that I will be asked questions now, possibly at other follow-up times, and at annual membership renewal.

None of my information will be shared with outside organizations or individuals without my consent.

This information is being collected and is protected in accordance with the *Freedom of Information and Protection of Privacy Act, R.S.O. 1990* and all other applicable legislation. I am aware that in the Province of Ontario, all professionals working with families and children are legally required to report child abuse and neglect to child welfare officials.

Participant's Signature

Date

Employee's Signature

Date



Consent to Share Information

I, _____ give consent to Our Children, Our Future (OCOF) to share the information obtained in the OCOF registration form with the City of Greater Sudbury or the Manitoulin-Sudbury District Services Board for evaluation purposes of EarlyON Child & Family Centres. For parents/caregiver and children, the information shared will be limited to:

Required Information

- Full Name
- Gender
- Date of Birth
- Phone Number
- Postal Code
- Emergency Contact Information (Name, phone number)

Participant's Signature

Date

Employee's Signature

Date



FOR OFFICE USE ONLY	
Date of Registration: _____	Intake Employee Initials: _____
VE <input type="checkbox"/> ESP <input type="checkbox"/> SUD <input type="checkbox"/> SE <input type="checkbox"/>	New Membership <input type="checkbox"/>
Member is pregnant* <input type="checkbox"/> Due date: _____	*complete CPNP registration form

Membership Registration Form

MEMBER INFORMATION				
Relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:				
First Name	Last Name	Date of Birth <small>(mm/dd/yyyy)</small>	Gender	Ethnic Group <small>Optional</small>
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	<input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other: _____ <input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve
Have you ever registered with OCOF programs before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			If yes, what name did you register under?	
Address <small>(include P.O. Box or Apartment/Unit Number if applicable)</small>		City	Postal Code	
Home Phone #	Cell Phone #	Other #		<input type="checkbox"/> No phone
<input type="checkbox"/> Leave message	Mark all that apply: <input type="checkbox"/> Leave message <input type="checkbox"/> Receive texts <input type="checkbox"/> Receive calls	Mark all that apply: <input type="checkbox"/> Leave message <input type="checkbox"/> Receive texts <input type="checkbox"/> Receive calls		
Preferred language of programming:		<input type="checkbox"/> English <input type="checkbox"/> French		
Email address:				<input type="checkbox"/> No email
Would you like to receive our program calendars and other correspondence by email? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY CONTACT				
Name	Relationship to Member	Phone #		
How did you hear about us?		Is getting to the programs a challenge for you?		
<input type="checkbox"/> Word of mouth <input type="checkbox"/> TV/Radio <input type="checkbox"/> Social Media <input type="checkbox"/> Agency referral (specify): _____ <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always Please explain: _____		
DEMOGRAPHICS				
Please note that the questions below help in providing the best FREE services we can by providing these statistics to our funders. Your name is not released to our funders, only your answers are forwarded.				
Marital Status		Employment Status		
<input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Common-law <input type="checkbox"/> Choose not to respond <input type="checkbox"/> Single parent		<input type="checkbox"/> Work part-time <input type="checkbox"/> Unemployed (EI/OW) <input type="checkbox"/> Work full-time <input type="checkbox"/> Unemployed due to illness <input type="checkbox"/> Parental/Maternity Leave <input type="checkbox"/> Unemployed due to disability (ODSP) <input type="checkbox"/> At home parent <input type="checkbox"/> Choose not to respond <input type="checkbox"/> Student (OSAP)		
Education		Annual Household Income (before tax)		
<input type="checkbox"/> University <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Less than High School <input type="checkbox"/> Trades <input type="checkbox"/> Choose not to respond		<input type="checkbox"/> Under \$14,999 <input type="checkbox"/> \$60,000 - \$74,999 <input type="checkbox"/> \$15,000 - \$29,999 <input type="checkbox"/> \$75,000 - \$89,999 <input type="checkbox"/> \$30,000 - \$44,999 <input type="checkbox"/> \$90,000 and over <input type="checkbox"/> \$45,000 - \$59,999 <input type="checkbox"/> Choose not to respond		
Family Status		Living Arrangements (select all that apply)		
<input type="checkbox"/> Single parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Two parents <input type="checkbox"/> Choose not to respond <input type="checkbox"/> Blended family		<input type="checkbox"/> I live alone <input type="checkbox"/> I live with relatives other than my parents <input type="checkbox"/> I live with my spouse/partner <input type="checkbox"/> I live with my friend(s) <input type="checkbox"/> I live with my child(ren) <input type="checkbox"/> Other: _____ <input type="checkbox"/> I live with my parent(s) <input type="checkbox"/> Choose not to respond		

CHILD(REN) INFORMATION

First Name	Last Name	Date of Birth <small>(mm/dd/yyyy)</small>	Gender	Ethnic Group <small>Optional</small>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other: _____ <input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve

Relationship to member: <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other:		Child lives:	<input type="checkbox"/> in members home <input type="checkbox"/> outside of the home
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Special considerations <i>(i.e. allergies, special needs, etc.):</i>	
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EMERGENCY CONTACT (if different from Member)

Name	Relationship to Child	Phone #

First Name	Last Name	Date of Birth <small>(mm/dd/yyyy)</small>	Gender	Ethnic Group <small>Optional</small>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other: _____ <input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve

Relationship to member: <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other:		Child lives:	<input type="checkbox"/> in members home <input type="checkbox"/> outside of the home
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Special considerations <i>(i.e. allergies, special needs, etc.):</i>	
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EMERGENCY CONTACT (if different from Member)

Name	Relationship to Child	Phone #

First Name	Last Name	Date of Birth <small>(mm/dd/yyyy)</small>	Gender	Ethnic Group <small>Optional</small>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other: _____ <input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve

Relationship to member: <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other:		Child lives:	<input type="checkbox"/> in members home <input type="checkbox"/> outside of the home
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Special considerations <i>(i.e. allergies, special needs, etc.):</i>	
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EMERGENCY CONTACT (if different from Member)

Name	Relationship to Child	Phone #

First Name	Last Name	Date of Birth <small>(mm/dd/yyyy)</small>	Gender	Ethnic Group <small>Optional</small>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other: _____ <input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve

Relationship to member: <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Other:		Child lives:	<input type="checkbox"/> in members home <input type="checkbox"/> outside of the home
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Special considerations <i>(i.e. allergies, special needs, etc.):</i>	
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EMERGENCY CONTACT (if different from Member)

Name	Relationship to Child	Phone #

ADDITIONAL ADULT INFORMATION

****Must reside in the same household as Member, otherwise complete a separate membership****
Must complete their own Photograph/Video Consent Form

Relationship to the child:	<input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other:			
First Name	Last Name	Date of Birth <small>(mm/dd/yyyy)</small>	Gender	Ethnic Group <small>Optional</small>
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other: _____ <input type="checkbox"/> On reserve <input type="checkbox"/> Off reserve
Phone #:				
EMERGENCY CONTACT				
Name	Relationship to Additional Adult		Phone #	

CAREGIVER INFORMATION

*****A caregiver who may bring your child(ren) to programs*****
****Must reside in a separate household as Member, otherwise add under Additional Adult section****
Caregiver must complete their own "Consent to Share" form, "Consent to Collection" form & "Photograph/Video Consent" form

Relationship to the child:		
First Name	Last Name	Phone #
EMERGENCY CONTACT		
Name	Relationship to Caregiver	Phone #

FOR OFFICE USE ONLY

- Consent to Collection of Personal Information
- Consent to Share Information
- Photograph/Video Consent Member Additional Adult Child(ren)
- OCOF Membership Guidelines
- Childcare Guidelines for OCOF Programs for Families
- Transportation Guidelines for Members (where applicable)
- Canadian Prenatal Nutrition Program (CPNP) Form (where applicable)

PHOTOGRAPH/VIDEO CONSENT FORM

I _____ (name, please print) hereby authorize Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) to take photographs/videos of myself. I understand that other individuals may appear on my own photographs/videos and that I may appear on anyone else's. **OCOF/Nena is not responsible for photographs/videos taken by others and posted on social media websites.**

I authorize OCOF/Nena to use and display photographs/videos of me in the following **internal** publication(s) but not limited to: HiMama, Learning Stories, Bulletin Board, Displays, etc.

I authorize OCOF/Nena to use and display photographs/videos of me in the following **external** publication(s) but not limited to: Calendar of Life, OCOF/Nena's website, Brochures, Funder's Reports, OCOF/Nena social media pages i.e.: Facebook, etc.

The undersigned releases and forever discharges OCOF/Nena, its agents, officers, and employees from any and all claims and demands arising out of or in connection with the use of said photographs/videos, including but not limited to, any claims for invasion of privacy or defamation.

I accept and agree to these terms.

I do NOT accept nor agree to these terms.

Signature

Employee Witness Signature

Date

PHOTOGRAPH/VIDEO CONSENT FORM

I _____ (name of parent or legal guardian, please print) hereby authorize Our Children, Our Future/Nos enfants, notre avenir (OCOF/Nena) to take photographs/videos of my child(ren). I understand that other individuals may appear on my own photographs/videos and my child(ren) may appear on anyone else's. **OCOF/Nena is not responsible for photographs/videos taken by others and posted on social media websites.**

Child(ren) Name (Please Print)	Date of Birth

I authorize OCOF/Nena to use and display photographs/videos of my child(ren) in the following **internal** publication(s) but not limited to: HiMama, Learning Stories, Bulletin Board, Displays, etc.

I authorize OCOF/Nena to use and display photographs/videos of my child(ren) in the following **external** publication(s) but not limited to: Calendar of Life, OCOF/Nena's website, Brochures, Funder's Reports, OCOF/Nena social media pages i.e.: Facebook, etc.

The undersigned releases and forever discharges OCOF/Nena, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/videos, including but not limited to, any claims for invasion of privacy or defamation.

I accept and agree to these terms.

I do NOT accept nor agree to these terms.

Signature of Parent or Legal Guardian

Employee Witness Signature

Date



Acknowledgement

I _____ (print name) have read and understand the:

- OCOF Membership Guidelines**
- Childcare Guidelines for OCOF Programs for Families**

I agree to abide by and respect these guidelines.

Participant's Signature

Date

Staff Signature

Date

Questions about the collection and use of this information should be directed to the Manager, Family Services,
Our Children, Our Future/Nos enfants, notre avenir, 201 Jogues Street, Sudbury, ON, 705-677-0440.