



CONNECTED SUMMER REGISTRATION FORM			
APPLICANT INFORMATION			
First Name:		Last Name:	
Birth Date:		Grade:	
Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Ages: <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-18		
Country of Origin:		Date of Arrival in Canada:	
Are You a: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other _____			
Permanent Resident ID No. (UCI):			
Have you attended the program before? If yes, where? <input type="checkbox"/> No			
SECOND APPLICANT INFORMATION (IF APPLICABLE)			
First Name:		Last Name:	
Birth Date:		Grade:	
Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl			
Country of Origin:		Date of Arrival in Canada:	
Are You a: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other _____			
Permanent Resident ID No. (UCI):			
PARENT/GUARDIAN INFORMATION			
First Name:		Last Name:	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			
Home Address:			
Email:		Phone:	
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail			
Have you attended any program at SIA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT/GUARDIAN CONSENT			
I consent to the above child (or children) to participate in the ConnectED summer 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 (Day/Month/Year)			Parent/Guardian