SKOOKUM JIM FRIENDSHIP CENTRE

— DAGHAALAN INTAKE FORM

REGISTRATION FORM

How did you hear of our program?

Today's Date :

PERSONAL INFORMATION

Name of Parent (s) :

Full Address :

E-Mail :

Phone Number :

Which First Nation? :

Are you Status FN? : ☐ **Yes** ☐ **No** ☐ **Inuit** ☐ **Metis** ☐ **Non-status FN citizen/beneficiary**

Child(ren) name(s)	Date Of Birth

Completing this form indicates that I have given consent to receive services through the DAGHAALAN Program at the Skookum Jim Friendship Centre. I understand that this is voluntary and I can withdraw from services by notifying the Program Coordinator at any time.

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Prenatal Information? Feeding method?

Due Date :

POSTNATAL INFORMATION

Name of Baby(s):

Birthdate of Baby :

Baby's Gender: F M

How would you describe your current need for support through this program.
Please check one.

- Immediate - I wish to access services through this program as much as possible.
- Moderate - I wish to access services through this program when I feel it is needed.
- Occasional - I wish to access services through this program on an occasional basis.

Please check the ones you and your family is interested in

- Free Vitamins
- Monthly Grocery Voucher
- Dietician Support
- Breastfeeding Support
- Walking Groups
- Baby Lending Library
- Free Diapers/wipes
- Other

What other parenting supports are you interested in?

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Confidentiality Agreement

Every person in our program owns any or all information about themselves. To make sure that everyone feels comfortable about sharing their personal stories and experiences to other participants we ask that you share responsibility for maintaining the confidentiality of our program. We can all do this by making sure that what is said in the center stays in the center.

Please read and initial beside each of the lines below.

- ☐ **No written record will be kept about anyone's personal information unless you ask us to do so, except for registration information and dietician services.**
- ☐ **Staff members, partners and volunteers of the Skookum Jim Friendship Centre agrees to keep all personal information only as necessary within the circle of confidentiality. If you don't want other staff to know about your situation, please let us know.**
- ☐ **If you wish, you can give permission for us to discuss with others what you have shared with us. You can say exactly who else gets to know what you have shared.**
- ☐ **If the information you share is about child abuse or harm to others or yourself we are required to contact appropriate assistance and we will invite you to contact them with us**
- ☐ **Any information shared among group participants must be kept strictly private. Do not discuss other participants' information outside of the group.**

I,_____, have read the above policy and agree to abide by the terms and conditions stated above.

Signature:_____ **Date:_____**

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Health and Saftey Agreement

Daghaalan aims to create a healthy space for all our participants. We understand that infants are more likely to get sick as their immune systems are developing, which makes them more vulnerable and at risk for catching illnesses and diseases than adults. Pregnant women also have reduced immunity and are more susceptible to illness.

In agreeing to participate in our CAPCHP, you are agreeing to share responsibility for keeping all the other adult and infant participants healthy and safe. Proper handwashing is the best way to reduce the spread of illness or infection. Please let a CAPCHP staff person know if you would like to learn more about this.

To protect your child from being exposed to a potentially dangerous disease, CAPCHP encourages all participants to vaccinate their children according to the Yukon Immunization Schedule. We also encourage you to keep your own immunizations up to date. Please let a CAPCHP staff person know if you have questions or concerns about this.

We ask that you agree to and follow the guidelines for attendance if you and your children become ill.

Guidelines

- **If a program participant or anyone in their household, including an infant or sibling, is experiencing any of the following symptoms, the participant agrees to stay home and not come to the program.**
- **Symptoms include cough, fever, sore throat, runny nose, vomiting, diarrhea, rash and/or other symptoms that arise.**
- **Program participants are asked to stay home for 24 hours after their last symptoms.**

I,_____, have read the guidelines above and agree to share responsibility for health and safety of the CAPCHP participants.

Signature:_____ **Date:_____**

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Picture Release Form

Our Daghaalan program asks for permission to take pictures of the parents and their families. For reporting purposes and to share our workshops and events on our social media platforms.

I,_____, give permission to The Daghaalan Program to use any photos of self and/or family in any publication neccessary.

Signature:_____ Date:_____

Witness:_____ Date:_____

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