

**AFTER SCHOOL TUTORIAL PROGRAM (ASTP)**  
**CONSENT FORM**



**Rehoboth Alliance**

**As Parent / Guardian, I give permission for my child \_\_\_\_\_ to participate in the After-School Tutorial program offered by Rehoboth Alliance.**

**Parent / Guardian's Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Child's Country of Birth:** \_\_\_\_\_

**Gender:**         Male  Female

**Address:** \_\_\_\_\_

**Phone number where you can be reached 3pm-6pm:**  
\_\_\_\_\_

**Please list any allergies (medication etc. other than food):** \_\_\_\_\_  
\_\_\_\_\_

**Please list any medical conditions:**  
\_\_\_\_\_

**Rehoboth Alliance funds this program and requires a quarterly to assess the progress or lack; we encourage your child to participate fully to get better results.**

**Emergency contacts:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Yes, my child may participate. I understand that by giving this approval, my child is responsible for adhering to his/her religious diet.**

**If yes, please list his/her food allergies:** \_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER CLAUSE: Rehoboth Alliance and the Fort McMurray Public/ Catholic Board of Education its officers, directors, agents, contractors, employees, mentors, coaches/instructors, trainers, students, volunteers, members, and representatives are not responsible for any participant's death, injury, loss, or damage of any kind sustained by any person while registered as a participant of the activities hosted by the In-School Settlement Services of Fort McMurray and Rehoboth Alliance.**

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of implementing this Consent Form.**

**Rehoboth Alliance's mission is to provide programs and direct services relating to *Settlement and Integration* for new immigrants, refugees and first generation Canadians in and around Fort McMurray regardless of age, gender, religion, nationality or ethnic origin in order to assist them make a smooth transition into Canadian life.**

**In order to report and promote the various programs and services, photos of participants may be included on our website or in printed materials such as brochures, flyers, newsletter and reports to our funders.**

**I consent to the use of images which contain my (and/or my child's) likeness.**

\_\_\_\_\_  
**Parent's Name (Print)**

\_\_\_\_\_  
**Name of Your Child (Print)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_