



Welcome & Information for Newcomers (WIN)
For Families of Elementary Students

St. Bernadette Catholic School
41 Bayly Street East, Ajax
Monday, August 20, 2018
9:00 am – 2:00 pm

INFORMATION FOR FAMILIES

Welcome and Information for Newcomers (WIN) is a one day orientation program for parents and students who will be beginning school for the first time in Ontario.

This interactive program provides a basic introduction to school procedures and allows the opportunity for parents to meet school settlement workers and staff.

Through interactive activities and small group sessions, newly arrived families are oriented to the Ontario school system. The event will have activities for parents and elementary school aged students.

To register your family for the WIN program, please complete all of the forms in this package and return them to your School Settlement Worker.

For more information on the WIN program, please contact the SWIS Durham office at 905-686-2661 ext. 122 or visit our website at <http://www.cdcd.org/swis>



Registration Form

Welcome & Information for Newcomers (WIN)

St. Bernadette Catholic School

41 Bayly Street East, Ajax

Monday, August 20, 2018

9:00 am – 2:00 pm

(Please Print)

Name of Parents/Guardians:

Children:

_____ age ____ grade ____

_____ age ____ grade ____

_____ age ____ grade ____

_____ age ____ grade ____

School Attending:

Language(s) spoken at home: _____

Contact Information:

• phone _____

• email _____



CONSENT AND RELEASE FORM
(Regarding photography, recording, and interviews)

I hereby grant permission to Community Development Council Durham (CDCD) to use photography, recordings, and/or interviews with the knowledge that this information may be used by the discretion of CDCD for the use in marketing and/or educational material in all forms of media, including:

- Paper-based documents/publications,
- Internet media,
- CD-ROM/electronic documents,
- Video, policy documents, and
- News media

DECLARATION:

I grant permission for photographs, recordings, and interviews of myself and/or my child/ward to be used in the formats indicated above.

Please Print

Full Name of adult Participant: _____

Name of children: _____

Telephone Number: _____

Signature of adult Participant: _____

Date: _____



FOOD ALLERGY AND/OR DIETARY REQUIREMENTS FORM

At CDCD we strive to provide a safe environment to everyone who attends our sessions. We are committed to the respect of each individual regardless of their religion, sexual orientation race or creed. At the heart of what we do is the core principle of accommodation for those who are different from us. It is for these reasons that we invite participants to please disclose any food allergies and/or dietary requirements to program organizers.

Please indicate in the space below any food allergy and/or dietary requirements along with whatever details that you feel are necessary for the program organizers to know. We will try and accommodate your needs to the best of our ability.

Name of Participant: _____

Date: _____

Food Allergy / Dietary Requirement Disclosure:
