

RAISE THE GRADE

Registration Information:

Privacy Practices: Personal Information gathered by the Boys and Girls Club of Moncton is kept in confidence. The Boys and Girls Club of Moncton’s personnel are authorized to access personal information based only on their need to deal with the information for reason(s) for which it was obtained.

IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED

RAISE THE GRADE MEMBER INFORMATION		
LAST NAME:	FIRST NAME:	GENDER M or F
AGE:	DATE OF BIRTH (MM/DD/YYYY)	
PARTICIPANT’S EMAIL ADDRESS:		
HOW DID YOU FIND OUT ABOUT THE RAISE THE GRADE PROGRAM? (CHECK ALL THAT APPLY)		
<input type="checkbox"/> CLUB POSTER <input type="checkbox"/> CLUB STAFF MEMBER OR VOLUNTEER <input type="checkbox"/> A FRIEND	<input type="checkbox"/> A FAMILY MEMBER <input type="checkbox"/> GUIDANCE COUNSELOR <input type="checkbox"/> TEACHER OR OTHER SCHOOL PERSONNEL	<input type="checkbox"/> SOCIAL SERVICES STAFF PERSON/AGENCY <input type="checkbox"/> OTHER – TELL US: _____
LANGUAGE(S) SPOKEN AT HOME:		
WHAT ARE YOUR HOBBIES? (WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?)		
WHAT ARE YOUR STRENGTHS? (WHAT ARE YOU GOOD AT DOING?)		
DIAGNOSED LEARNING DISABILITY (IES): (IF NOT APPLICABLE, PUT “NA”)		
MENTAL HEALTH CHALLENGES: (IF NOT APPLICABLE, PUT “NA”)		
WHY ARE YOU INTERESTED IN ATTENDING THE RAISE THE GRADE PROGRAM:		
<hr/> <hr/>		
SCHOOL INFORMATION		
NAME OF SCHOOL YOU ATTEND:		CURRENT GRADE:
ARE YOU IN FRENCH IMMERSION? YES or NO	FIRST AND LAST NAME OF HOMEROOM TEACHER:	

GOALS

WHAT WOULD YOU LIKE TO ACHIEVE IN THE RAISE THE GRADE PROGRAM ? (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> BETTER MARKS AT SCHOOL | <input type="checkbox"/> DEVELOP SOCIAL SKILLS (COMMUNICATION, COOPERATION, ETC) | <input type="checkbox"/> LEARN ABOUT NEW THINGS |
| <input type="checkbox"/> HELP WITH HOMEWORK | <input type="checkbox"/> DEVELOP STRESS MANAGEMENT SKILLS | <input type="checkbox"/> EXPLORE CAREERS |
| <input type="checkbox"/> GIVE BETTER PRESENTATIONS AT SCHOOL | <input type="checkbox"/> DEVELOP OTHER SKILLS TO IMPROVE MENTAL WELLNESS | <input type="checkbox"/> DEVELOP LEADERSHIP OR MENTORSHIP SKILLS |
| <input type="checkbox"/> FEEL PREPARED FOR TESTS | | <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____ |
| <input type="checkbox"/> LEARN HOW TO STUDY | | _____ |

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU WOULD LIKE TO ACHIEVE? (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> LESS THAN A HIGHSCHOOL DIPLOMA | <input type="checkbox"/> TRADE OR VOCATIONAL CERTIFICATE OR DIPLOMA OR APPRENTICESHIP | <input type="checkbox"/> MORE THAN ONE UNIVERSITY DEGREE |
| <input type="checkbox"/> HIGH SCHOOL DIPLOMA OR GRADUATION EQUIVALENCY | <input type="checkbox"/> ONE UNIVERSITY DEGREE | <input type="checkbox"/> I DON'T KNOW |

GRADE 9 TO 12 STUDENTS MUST ANSWER THE FOLLOWING QUESTIONS. THIS IS OPTIONAL FOR YOUNGER STUDENTS.

WOULD YOU LIKE SUPPORT IN DOING THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> DEVELOP JOB READINESS SKILLS (BUILDING A RÉSUMÉ, APPLYING TO JOBS, KNOWING JOB EXPECTATIONS, ETC.) | <input type="checkbox"/> FINDING MORE INFORMATION ON COLLEGES OR UNIVERSITIES |
| <input type="checkbox"/> PREPARING A BUDGET FOR LIFE DURING HIGH SCHOOL | <input type="checkbox"/> APPLYING TO COLLEGES AND UNIVERSITIES |
| <input type="checkbox"/> PREPARING A BUDGET FOR LIFE AFTER HIGH SCHOOL | <input type="checkbox"/> FINDING AND APPLYING FOR SCHOLARSHIPS |
| <input type="checkbox"/> PREPARING FOR LIFE AFTER HIGH SCHOOL | <input type="checkbox"/> APPLYING FOR FINANCIAL HELP FOR COLLEGE OR UNIVERSITY |

ARE THERE OTHER ACTIVITIES YOU WOULD LIKE TO EXPLORE IN THE CLUB? (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> COOL FUEL (COOKING) | <input type="checkbox"/> KEYSTONE OR TORCH (LEADERSHIP) | <input type="checkbox"/> RAQUET BALL |
| <input type="checkbox"/> LIFE PROGRAM (FINANCIAL LITERACY) | <input type="checkbox"/> GIRLS EMPOWERMENT GROUP | <input type="checkbox"/> BASKETBALL |
| | | <input type="checkbox"/> REFLEXION (GARDENING, ART) |

PARENT OR GUARDIAN CONTACT INFORMATION

EACH NEW RAISE THE GRADE STUDENT AND THEIR PARENT OR GUARDIAN MUST ATTEND A MEETING WITH THE EDUCATION MANAGER. WHEN ARE YOU BOTH AVAILABLE TO MEET, BETWEEN MONDAY TO FRIDAY, 9AM – 4:30PM?

PARENT OR GUARDIAN, WHEN IS IT EASIEST TO REACH YOU?

HOW DO YOU PREFER TO BE CONTACTED? (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> BY TEXT
PLEASE LIST YOUR TEXTING NUMBER: _____ | <input type="checkbox"/> BY PHONE
PLEASE LIST YOUR PHONE NUMBER: _____ | <input type="checkbox"/> BY EMAIL
PLEASE LIST YOUR EMAIL ADDRESS: _____ |
|--|---|--|

Registration Consent:

In signing below, the participant agrees they are choosing to be part of the Raise the Grade program. In signing below, the parent or guardian is choosing to support their child's participation in the Raise the Grade program.

(PARTICIPANT SIGNATURE)

(DATE)

(PARENT SIGNATURE)

(DATE)

FOR OFFICE USE ONLY
PARTICIPANT'S REGISTRATION DATE: _____
MEMBER'S RTG ID: _____
EDUCATION MANAGER'S SIGNATURE: _____