



APPLICATION INSTRUCTIONS

Child's Name: _____

Our Organization must receive these completed documents before the Child will be considered.

Application. To be completed by the parent guardian.

(The two History write-ups requested on the application are required in order for us to process your application.)

- ☐ *Behaviour Checklist.* To be completed by the Parent / Guardian.
- ☐ Education Reference. This document must be printed. Please complete section 1; then send the Education Reference. to your Child's school, and have them submit a completed copy to us by fax or email.
 - ☐ Fax:
 - ☐ Email:
- ☐ School transcript/grades.
- ☐ Academic and psychiatric testing records (if applicable).



APPLICATION

CHILD INFORMATION

Name (first, middle, last) _____

Address _____

Date of birth _____ Height _____ Weight _____

Provincial Health card # _____ Allergies _____

Prescription medications _____

PARENT/GUARDIAN INFORMATION

Mother's name (first, last) _____

Address _____

Home phone _____ Cell _____

Email _____

Father's name (first, last) _____

Address (if different from above) _____

Home phone _____ Cell _____

Email _____

Stepfather (if applicable) _____

Stepmother (if applicable) _____

Who has legal guardianship? (list all)

Name (first and last) _____

Relationship _____

Address _____

Home phone _____ Cell _____

Email _____

Sibling 1: Name _____ Birthdate _____

Relationship (brother/sister, half sibling, step-sibling, foster) _____



Sibling 2: Name _____ Birthdate _____
Relationship (brother/sister, half sibling, step-sibling, foster) _____

Sibling 3: Name _____ Birthdate _____
Relationship (brother/sister, half sibling, step-sibling, foster) _____

Sibling 4: Name _____ Birthdate _____
Relationship (brother/sister, half sibling, step-sibling, foster) _____

Sibling 5: Name _____ Birthdate _____
Relationship (brother/sister, half sibling, step-sibling, foster) _____

How did you hear about our program? (name & phone) _____



PREVIOUS SCHOOL

Child's name _____

Last grade completed _____

School name _____

City _____

Phone _____

Email _____

HISTORY

- On a separate page, describe family history concerning adoption, divorce, separation, etc.
- On a separate page, describe your Child's lifestyle concerning drugs, alcohol, addictions, or behaviour issues
- On a separate page, describe what you believe are your Child's dysfunctional behaviours and when they came about.

Check the items below that apply to your Child	Yes	No
Has a psychiatric condition		
Has a history of violence		
Has history of Addiction		
Has anger issues		

If yes to any of the above, please explain

BEHAVIOUR CHECKLIST

To be completed by parent/guardian. Answer the following regarding your child.

Note: If you answer “yes” to four or more questions, your child is exhibiting significant emotional or behavioural problems that may be related to substance abuse.

Child's name _____

	Yes	No
Are your child's explanations for irresponsible behaviour or decreasing performance unbelievable or implausible?		
Are they frequently dishonest?		
Has their personality changed? (inappropriate mood swings, hostility, giddiness, or irritability)		
Has anyone expressed concern about their alcohol/drug use?		
Have you found signs of drug/alcohol use such as bottles, drugs, or paraphernalia?		
Are they less responsible with chores, schoolwork, being on time?		
Have their grades dropped?		
Has their interest in school decreased?		
Are they increasingly secretive about his whereabouts?		
Have they become withdrawn and uncommunicative?		
Do they spend a lot of time alone?		
Have you noticed alcohol or pills missing from your home?		
Do they show a lack of motivation or an apathetic attitude?		
Are you missing money, credit cards, or valuables that could be sold for cash?		
Do they seem to have difficulty remembering things?		
Is there a change in their personal hygiene, dress habits, or sleeping and eating habits?		
Have you noticed physical indicators of drug/alcohol abuse? (red eyes, dilated pupils, and slurred speech)		
Have you observed irrational or explosive behaviour?		
Are there signs of medical or emotional problems such as depression, anxiety, suicidal ideation, ulcers, or gastritis?		
Is there evidence of involvement in extreme groups?		
Has their group changed to include friends that are involved in drinking, drug use, and partying?		

REFERENCE QUESTIONS

Child's Name: _____

Date: _____

Reference's Name: _____

Reference's Phone Number: _____

Reference's Email: _____

Please use another sheet if you need more space.

1. How do you know the Child?

2. How is he with his parents (attitude, behaviour, treatment)?

3. How is he with authority?

4. How is he with his peers?

5. Does he struggle socially?

6. Describe his personality? (Is he outgoing, or more introverted)

7. Is he attending school?

8. How does he do in school?

9. What are some of his struggles?

10. Does he have addictions?

11. How does he deal with anger?

12. Does he have health issues?

13. Is there anything else you can tell us about the Child?

Send to

Winds of Hope
952 1st St East,
Prince Albert, SK S6V 0C4

Email: info@windsofhope.ca
Fax: 306 500 5766
Phone: 306 314 9511

Office hours: Monday – Friday, 9:00 AM. – 5:00 PM.

EDUCATION REFERENCE

Section 1 to be completed by the parent/guardian

For proper placement in our education program, provide the following:

Child's name _____

Grade level _____

CONSENT

I, _____, (first parent) of _____ (Child), consent to the release of a copy of my Child's education file to Our Program

Parent/Guardian Signature _____

Date _____

I, _____, (second parent) of _____ (Child), consent to the release of a copy of my Child's education file to Our Program

Parent/Guardian Signature _____

Date _____

Please send this link for the *Education Reference* to your Child's school.

It is the responsibility of the parent/guardian to inform the Child's school that he will be attending Our Program

Send to

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EDUCATION REFERENCE (CONT)

Section 2 to be completed by your Child's school

Reference for (Program applicant) _____

School name _____

Contact person _____ Position _____ Phone _____

Email _____

Last grade completed _____

Child's behaviour at school

	Yes	No	Unknown
Failing grades			
Truancy/poor attendance			
Language/disrespect			
Non-compliance			
Poor social or relational skills			
Drug/alcohol problems			
Threatening behaviour			
Depression			
Sexualized behaviour			
Oppositional/defiant behaviour			

Comments

After receiving the completed form, Our Program will contact the school for further information.

School staff signature _____

Date _____