

KID POWER REGISTRATION

Parent/Guardian Name: _____

Date: _____

Relationship to child: _____

Parent DOB: ____/____/____ (mm/dd/yy)

Phone: _____ Cell: _____

IS IT SAFE TO LEAVE A MESSAGE: Yes No

Emergency Contact Name: _____ Number: _____

Name of daycare/school: _____

CHILDREN TO BE ENROLLED

NAMES	MALE/FEMALE	D.O.B (dd/mm/yy)	GRADE	Special health or education needs, medications or allergies

INFORMATION ABOUT YOU, THE PARENT/GUARDIAN

HIGHEST LEVEL OF EDUCATION COMPLETED

- Junior High School Post-secondary (technical)
 High school Post-secondary/University

CURRENT EMPLOYMENT STATUS

- Full-time Casual Self-employed Unemployed Other (please specify)
 Part-time Student Retired SFI/Disability _____

OCCUPATION: _____

ETHNO-CULTURAL BACKGROUND

This question refers to the ethnic or cultural origins of a person’s ancestry. Ancestry is not to be confused with citizenship, nationality, or language.

- Caucasian Asian origin African or Caribbean origin
- Aboriginal East Asian origin Latin American origin
- Middle Eastern origin Other: _____

Please describe your religious/spiritual background: _____

REFERRAL INFORMATION

How did you hear about this program?

- Domestic Violence Court Friends/family The Outreach Centre
- Children Services Previous involvement with this program
- Family Services of Central Alberta Other (please specify): _____

RELATIONSHIP STATUS AND HOUSHOLD COMPOSITION

CURRENT MARITAL STATUS

- Single (never legally married or common law) Divorced
- Married or common law Widowed
- Separated (legally married or common-law)

How long has this been your status: ____/____ (mm/yy)

CURRENT CONTACT WITH MOST RECENT PARTNER

- No contact Minimal contact Frequent contact

Partner’s full name: _____

ADULTS LIVING IN THE HOUSEHOLD (not including yourself)

1. Age: ____ Gender: Female Male
 Relationship to you: Partner Roommate Relative Friend
 Other (please specify) _____
2. Age: ____ Gender: Female Male

Relationship to you: Partner Roommate Relative Friend
 Other (please specify) _____

CHILDREN SERVICES/LEGAL/POLICE INVOLVEMENT

- There was never any involvement with my family
- A file was open, but is now closed
- A file is currently open

If a file is currently open, in what program is it?

- Family Enhancement Child Protection Police Emergency Protection

Name of Case Worker: _____ Phone: _____

EXISTING ORDERS

Who, if anyone, is abusive in your current relationship? _____

Orders currently in place: No Contact Order Restraining Order

If any orders are in place, please provide details below: _____

SEPARATION INFORMATION

Are you currently divorced or separated from the child's/children's biological parent: Yes No

IF YES:

How long did this relationship last? _____ (years)

How old was your child when you separated/divorced? _____

Number of separations from the child's biological parent? _____

Is (or was) this relationship abusive? Yes No

If yes, who is/was abusive? _____

CUSTODY ARRANGEMENTS

Does the child's biological parent have contact with you? Yes No

What are the current custody arrangements? _____

Does the non-custodial parent have visitation? Yes No

If yes does he or she consistently use this privilege? Yes No

Do you think that the current use of visitation by the child's biological parent will affect your child's participation in the program? Yes No

If yes, how do you think your child will be affected?

Biological Parent Name: _____

D.O.B: ___/___/___

CHILDREN'S HISTORY

CHILD'S EXPOSURE TO ABUSE

All relationships experience conflict at one time or another. When conflict and anger are expressed in a way that is hurtful to others, this is called abuse. Abuse may be physical, sexual or verbal/emotional in nature. If abuse has occurred in your family, it can have effects on children.

Did the child ever experience physical abuse? Yes No

(Defined: inflicting or attempting to inflict physical injury by grabbing, pinching, shoving, slapping, hitting, hair-pulling, biting, arm-twisting hitting with objects, stabbing or shooting)

Did the child ever experience sexual abuse? Yes No

(Defined: calling sexual names, e.g. whore, slut; physically forcing to participate in sexual acts that one dislikes, finds humiliating or that hurts' manipulation a person into sexual acts by telling the person that it is her duty to sexually satisfy the partner, that he will go elsewhere if the partner doesn't comply; or expecting or forcing a person to have sex when ill, tired or in pain.)

Did the child ever experience verbal or emotional abuse? Yes No

(Defined: cursing, yelling at, telling partner that she is a bad parent, calling partner stupid, telling partner that no one else would want her, threatening partner, the children, other family members, or destroying belongings that one treasures, accusing of imagined affairs, or threatening to hurt self or commit suicide if partner leaves.)

If you answered "Yes" to any of the above questions, please complete the table below describing abuse experienced by this child.

Type of abuse	Length of abuse (in years)	Last abuse incident (mm/yy)	√ If required hospitalization	Abusive party
Physical				
Sexual				
Verbal/Emotional				

WITNESSING ABUSE

Did the child ever witness physical abuse? Yes No

Did the child every witness sexual abuse? Yes No

Did the child every witness verbal or emotional abuse? Yes No

If you answered “yes” to any of the above questions, please complete the table below describing abuse witnessed by this child.

Type of abuse witnessed	Length of abuse (in years)	Last abuse incident (mm/yy)	√ If required hospitalization	Abusive party
Physical				
Sexual				
Verbal/Emotional				

Please give a description of the domestic violence your child/children may have experienced in the home:

OTHER INFORMATION

Beyond relationship/marital violence, has your child experienced other traumatic events throughout his/her life (e.g. a death, injury, separation, abuse by a non-parent figure, etc.)? Yes No

If yes please explain:

Is there anything else about your child that may be helpful for us to know?
