

WELCOME TO WHYTECLIFF AGILE LEARNING CENTRE, WHERE STUDENTS ARE PART OF A SAFE, RESPECTFUL, AND NURTURING COMMUNITY, SENSITIVE TO EACH PERSON AND THEIR UNIQUENESS.

The Whytecliff Agile Learning Centre is specifically designed for students who want to continue their education in a cooperative, supportive and caring learning community. Whytecliff is a place where every student has the opportunity to learn, grow and thrive. It has been designed to foster talents and to help students gain a sense of direction.

Just as every person is different, so is his or her process of growth. Students are not pushed to change but do make positive changes when they are ready. Each student follows an individualized education plan that has been designed around their potential, capabilities and goals. As a student progresses, their individual plan is reviewed and adjusted to reflect their growth.

Our program works from a vision statement which works to inform the relationship between staff, and our students, parents, and related professionals, and provides a foundation to our program structure and content.

We are a safe, respectful and nurturing community, sensitive to each person and his or her uniqueness. Within this community, individuals have opportunities to build their resources and develop new skills. These experiences encourage self-reflective behaviour and a strengthened relationship to family and the wider community. Living these principles inspires hope and leads to promising futures.

Whytecliff students are supported not only by the staff, but also by one another as they work towards a common goal of community, achievement and success.

- *Students have a support network that consists of teachers and other staff. Each member of the team interacts with the student to help them achieve their goals and create success.*
- *Students formally attend Monday to Friday: 10 am – 2:30 pm (optional tutorials 9 am and 2:30 pm). Additional informal opportunities for program attendance are also available.*
- *Most students are expected to find their own way to school using public transit.*
- *Students participate in weekly activities and outings that account for credit towards courses such as Physical Education, Planning 10, Foods, Art, and Human Services.*
- *Students have Christmas, Easter, Spring and Summer breaks. However, special programming may also be offered during these times.*

WHAT WE PROVIDE THE STUDENT

- Self-directed learning approach
- Learning materials
- A sponsor teacher
- A positive environment in which to learn

WHAT WE EXPECT FROM YOU (THE STUDENT)

- Have an intention for personal growth and a desire to address any personal barriers that may impact your health or opportunities to learn
- Display a self-directed, responsible focus on school success
- Attend consistently and regularly
- Model positive classroom behavior from which other students can learn
- Cooperate with school staff and respect the program vision and school codes of conduct
- Be willing to participate in program documentation procedures

The Whytecliff Agile Learning Centre provides you with an opportunity to continue or complete your secondary education in an environment where you can feel safe, valued, and respected. We are committed to doing our best towards helping you be as successful as you can be. Welcome!



APPLICATION TO WHYTECLIFF AGILE LEARNING CENTRE

STUDENT CONTACT INFO

First Name	Middle Name	Last Name
Date of Birth	Cultural Background	Gender
Address	City	Postal Code
Phone	Alternate Phone	Email

Please bring student's care card and birth certificate to Intake Meeting.

Have you attended *Youth Futures* or any other alternate school program?
If yes, please explain which program, when, and for how long.

Please list your previous schools, starting with the most recent.

What secondary grades and courses have you completed?

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

What was your attendance like when you last went to school? i.e. one day a week, 2 days, less than one day a week

Application Date: _____

Referred by: Family MCFD Other _____



PARENT/CAREGIVER INFO

Name(s) _____		Relationship _____
Address _____	City _____	Postal Code _____
Daytime Phone _____	Evening Phone _____	Cell Phone _____
		Email _____

LEGAL GUARDIAN INFO

- As above VCA TCO CCO

Legal Guardian Name _____	Relationship _____	Agency (if applicable) _____
Address _____	City _____	Postal Code _____
Daytime Phone _____	Evening Phone _____	Cell Phone _____
		Email _____

LIVING SITUATION

Natural Family (both parents) Blended Family Foster Family
 Single Parent Family Other Family Group Home
 Independent Living/Youth Agreement Comments: _____

THERAPEUTIC SUPPORTS

Supports	Contact Name	Agency/Office	Phone Number
Social Worker			
Drug & Alcohol Worker			
Mental Health Worker			
Probation Officer			
Youth Forensics			
Youth Service Provider/ One-to-One Worker			
Other: _____			



Goal Setting is a necessary first step in creating successful paths and achievements. Below are some questions to help you consider and create long range goals for the upcoming school year. Take a moment, think about the following questions and use complete sentences.

What goals do you want to academically achieve this year?

What goals do you want to achieve in your personal life?

Why are you not returning to your previous school?

Is there anything that teachers could do at Whytecliff to help you achieve your goals?

Signature _____

Date _____



MEDICAL FORM

Name: _____

Address: _____

STREET

CITY

POSTAL CODE

Phone: _____

Date of Birth: _____

Citizenship Status: _____

Birthplace: _____

Care Card Number: _____

SIN Number: _____

(Please attach a photocopy of the card and birth certificate.)

Doctor's Name: _____

Phone: _____

When was your last general medical examination? _____

HEALTH INFORMATION

Yes No

1. a) have you undergone treatment for alcoholism or drug addiction?
- b) do you currently smoke cigarettes?
- c) do you have any condition for which consultation or treatment is being contemplated or has been advised?
(please specify: _____)

2. Have you ever consulted a doctor or ever been treated for or had any known indication of (please check):

- | | | | |
|----------------------------------|--------------------------|----------------------|--------------------------|
| a) chest pain, heart disorder | <input type="checkbox"/> | h) bowel disorder | <input type="checkbox"/> |
| b) head injury or concussion | <input type="checkbox"/> | i) diabetes | <input type="checkbox"/> |
| c) high blood pressure | <input type="checkbox"/> | j) cancer | <input type="checkbox"/> |
| d) anxiety or depression | <input type="checkbox"/> | k) HIV or AIDS | <input type="checkbox"/> |
| e) kidney/urinary disorder | <input type="checkbox"/> | l) hepatitis | <input type="checkbox"/> |
| f) stomach or liver disorder | <input type="checkbox"/> | m) asthma/allergies | <input type="checkbox"/> |
| g) insomnia or problems sleeping | <input type="checkbox"/> | n) seizures/epilepsy | <input type="checkbox"/> |

If yes, please explain:

3. Do you have any illnesses, disease or impairments not covered in Questions 1 or 2?

If yes, please explain:



4. Are you now pregnant? Yes No If yes, expected delivery date: _____

5. Are you now taking any medication? Yes No

Do you have any drug allergies? Yes No

If yes, please explain:

6. Any special diets or food allergies? If yes, please explain:

I hereby declare all the recorded answers included on this medical form are, to the best of my knowledge and belief full, complete and true as of this date.

Participant's Name: _____

Participant's Signature: _____ Date: _____

I agree that the information as indicated above by my son/daughter is true, to the best of my knowledge. _____ (Parent/Guardian Initials)

I, the parent/guardian of the above-named participant, hereby authorize Whytecliff Agile Learning Centre staff or their agents to approve and obtain any and all medical attention deemed necessary for the welfare and good health of the above-named participant when ordered by professional medical staff with the understanding that all reasonable attempts have been made to consult with myself before hand except in the case of minor illness and/or first aid where deemed appropriate.

Parent/Guardian Signature: _____ Date: _____

In case of a serious emergency, please give the name, address and phone number of the person you want to be notified **if you cannot be contacted**:

Name: _____

Address: _____

Phone: _____

Relationship to youth: _____



PARENT / GUARDIAN WAIVER

Participant's Name _____

I, the Parent/Guardian of the above named participant, give my voluntary consent to his/her participation in the Whytecliff Agile Learning Centre activities that will include, but are not limited to, outdoor recreational pursuits, indoor sports and activities, cultural and career pursuits and such activities that shall be associated with regular educational programming.

I recognize that from time to time Whytecliff Agile Learning Centre may subcontract or elect to provide activities from another source and I may be asked to sign additional waivers for those pursuits.

The undersigned acknowledges that some activities may involve an element of risk with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named participant.

I release Whytecliff Agile Learning Centre, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named participant or his/her personal property.

This waiver shall include the activities themselves and the Parent/Guardian hereby consents to Whytecliff Agile Learning Centre providing transportation as Whytecliff Agile Learning Centre shall deem reasonable and waives the requirement to sign additional waivers consenting to such transportation or method of transportation.

Program activities may include, but are not limited to:

- Physical Education – swimming, gym work outs, team sports, fitness classes, etc.
- Day trips – Vancouver Aquarium, hiking, Science World, etc.
- Therapeutic Recreation: ceramics, dance, yoga, etc.

Are there any specific activities that your child should be excluded from?

No OR

Yes, my child should be excluded from (please list) _____

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____ Date: _____

SIGNATURE



LEGAL RESIDENCY OF PARENT / GUARDIAN

Completion of this form is required by the Ministry of Education and must be returned with your Application Form. It is to be completed and signed by the applicant's parent or legal guardian.

Lawfully admitted into Canada:

I am (***Please only X one***):

- A Canadian Citizen** (if not born in Canada, attach photocopy of citizenship paper/card).
- A Landed Immigrant** (attach photocopy of landed immigrant status paper).
- Lawfully admitted to Canada** under one of the following documents
(please mark the appropriate box below and attach a clear photocopy of the document):
 - Admission as a refugee claimant;
 - A person claiming refugee status who has a letter of no objection;
 - A Student Permit for two or more years
(or issued for 1 year but anticipated to be renewed for 1 or more additional years)
 - A Work Permit for two or more years
(or issued for 1 year but anticipated to be renewed for 1 or more additional years)
 - A person carrying out official duties as a diplomatic or consular official
(with a foreign representative acceptance counter foil in his/her passport)
 - Other – Document description (Must be cleared with Immigration Canada.)

Residency in British Columbia

(***Please only X one***)

- Yes, I am a resident of British Columbia and reside at

Residency Address: _____

- No, I am not a resident of British Columbia.

Signed by:

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____ Date: _____



PERMISSION TO SELF ADMINISTER MEDICATION

section
when
Reviewed

I hereby give my consent for our/my child or child for whom I am the legal guardian, (name of child) _____ to receive

non-prescription medication (acetaminophen, ibuprofen, etc) while attending programs and services of Whytecliff Agile Learning Centre. _____

I hereby give my consent for our/my child or child for whom I am the legal guardian, (name of child) _____ to self-administer *medication*, as *prescribed by a physician* and provided to Focus by myself or a physician, while attending programs and services of Whytecliff Agile Learning Centre. _____

I agree to provide Whytecliff Agile Learning Centre relevant medication and medical information, including, but not limited to:

- √ My Phone Number(s)
- √ Medication(s) Name
- √ Medication DIN#(s)
- √ Prescribing Physician Name(s) and Phone Number(s)
- √ Dosage Instructions
- √ Known Medication Allergies if any

I further give my consent for all emergency medical procedures, including those related to medication allergic reactions, which are necessary to preserve life or prevent permanent impairment of health, in case time does not permit obtaining my personal consent for these procedures. _____

This consent is valid for the duration of my child's care at Whytecliff Agile Learning Centre.

Signature: _____ **Date:** _____
Parent/Legal Guardian

Signature: _____ **Date:** _____
Staff Witness Name / Title

Record of Verbal Consent:

Date: _____

Initialed



PARTICIPANT INFORMATION *(Letter of Understanding)*

Initialed
section
when
Reviewed

"I, _____ understand that as a part of services with *Whytecliff Agile Learning Centre*, information will be collected at various points of service. The information collected will be for the purpose of administering and directing the service plan and maintaining the continuity of service to each participant. The program will share information with the youth's support network and other involved agencies (including government supports) for the purpose of continuity of care and when directed by the Youth Criminal Justice Act.

Information collected will be entered into a computer-based case management software for program evaluation purposes. I will be asked to occasionally complete inventories and satisfaction surveys to assist in this evaluation. The program directors hope to use the information to improve this program and to document its effectiveness. Specific identifying information regarding the above participant will not be distributed. Some data will be grouped together and analyzed (without identifying information) so that program evaluation reports may be created for internal evaluation as well as the purpose of sharing with government, accrediting or funding agencies, and the public.

This data may also be used for research to help determine best practices with specific service areas or to help determine effective ways to deal with specific participant related problems. In all cases of data aggregation and analyses, data concerning this service will be grouped with other information, kept anonymous, and all identifying information will be removed.

At any time, if you questions about the information collected, you may speak to the program Privacy Officer/Program Director.

I have read and understand the above description of the collection, disclosure and storage of my private information.

Parent's/Legal Guardian's Name: _____
PLEASE PRINT

Parent's/Legal Guardian's Signature: _____ **Date:** _____

Staff Witness Name/Title : _____
PLEASE PRINT

Staff Witness Signature: _____ Date: _____

Record of Verbal Consent:

Date: _____



Authorization for the Release of Participant Information

Participant Name: _____ **Birth date:** _____

I hereby authorize the release of the confidential educational file of _____ to Whytecliff Agile Learning Centre, to be used while s/he attends WALC for the purpose of developing an educational program and supports to meet his/her individual needs.

I have read and understand the information provided and hereby voluntarily consent to the use and disclosure of my personal information.

Participant's Name: _____
PLEASE PRINT

Participant's Signature: _____ Date: _____

Parent's/Legal Guardian's Name: _____
PLEASE PRINT

Parent's/Legal Guardian's Signature: _____ **Date:** _____

Staff Witness Name/Title : _____
PLEASE PRINT

Staff Witness Signature: _____ Date: _____



Background & Challenges						
	Very likely 5	Likely 4	Unlikely 3	Very unlikely 2	Definitely not 1	No opinion 0
In your opinion, to the best of your knowledge, from information on file, does the youth have difficulties with:						
School Attendance	5	4	3	2	1	0
Learning Disabilities	5	4	3	2	1	0
Reading/Writing	5	4	3	2	1	0
ADHD	5	4	3	2	1	0
FASD	5	4	3	2	1	0
Anxiety	5	4	3	2	1	0
Depression	5	4	3	2	1	0
Hallucinations or Flashbacks	5	4	3	2	1	0
Running away	5	4	3	2	1	0
Fear, worry, panic	5	4	3	2	1	0
Anger/Acting Out	5	4	3	2	1	0
Physical Aggressiveness	5	4	3	2	1	0
Verbal Aggressiveness	5	4	3	2	1	0
Loneliness	5	4	3	2	1	0
Grief and/or Loss	5	4	3	2	1	0
Issues of Past abuse or Trauma	5	4	3	2	1	0
Physical Violence	5	4	3	2	1	0
Fire Setting	5	4	3	2	1	0
Sexual Acting Out or Sexually Intrusive Behaviour	5	4	3	2	1	0
Self Harm/Suicidal Ideation	5	4	3	2	1	0
Suicide Attempts	5	4	3	2	1	0
Substance Misuse	5	4	3	2	1	0
Addictions Issues	5	4	3	2	1	0



Family History	
<input type="checkbox"/> Natural Family <input type="checkbox"/> Adopted <input type="checkbox"/> Alcohol/Drug Problem within family	<input type="checkbox"/> Psychiatric History <input type="checkbox"/> Welfare <input type="checkbox"/> Siblings
Anything we should or would be helpful to know re: the youth's natural family? <hr/> <hr/>	

Primary Areas of Concern/Reasons for Referral
<hr/> <hr/> <hr/> <hr/>

Is there anything else regarding this referral that we should know or you would like us to know?
<hr/> <hr/> <hr/> <hr/>

Case consultation and program evaluation
Has the youth had previous educational or psychological assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No Do they have any formal diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No If yes..... Are you open/available to providing additional background information and comments that will allow us to assess the impact of the program and involvement in a reasonable number of case conferences, and joint meetings that will allow better support for the youth while they are involved in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No

We value your time in completing this referral and will deal with it as quickly as possible.



PARENTS / GUARDIANS:

Whytecliff Agile Learning Centres are Independent schools; fully accredited through the Ministry of Education – Independent Schools Branch. Independent schools receive less than 50% of the funding that public schools receive. This means we receive only \$3000 compared to a public school receiving approx. \$8000 per student. As a result this requires us to charge tuition. **Currently our tuition is less than any other independent secondary school in the Greater Vancouver or Fraser Valley Area. Under certain conditions this tuition may be tax deductible.** In addition your child benefits from the many different activities Whytecliff provides: meals, field trips, occasional overnight trips and other free programming activities.

If Your Child Is Diagnosed With Autism:

The Government of British Columbia provides special assistance for children diagnosed with autism spectrum disorder; this is in addition to funding provided for education programs. As Whytecliff is dually accredited by both the Ministry of Education and CARF, and includes at least one hour a day of programming related to communication, social/play skills, emotion/self regulation, motor/sensory functioning, and independence life-skills, the parent is able to sign a simple funding agreement that pays for the therapeutic elements of the program equivalent to \$500 per month. Once you complete the funding agreement, Whytecliff is able to bill the government this \$500 your behalf. Please talk with us if these funds are needed to assist your child. Again, if you have any questions please talk with us.

Please complete the following billing information in order to receive your receipt by email:

Name of Student:		Name of Parent/Guardian:	
Address: (Street)			(City)
(Prov.)	(Post Code)	(Tel:)	
*Email:			
Signature of Parent/Guardian:			Date:

Payments are made in advance via post dated cheques as of the 15th of each month. Tuition paid later than the 15th of a particular month may result in suspension for your child unless other arrangements are in place.

*Monthly calendars, newsletters, notices, invoices and receipts will be sent to the email provided above.

Please contact Program Director Dave Lige at Langley, 604-532-1268 or Program coordinator DJ Villacrusis in Burnaby, 604-438-4451 if you have any questions regarding tuition.

Please note this fee is less than any other independent secondary school in the Vancouver and Fraser Valley area. Under certain circumstances, this fee may be tax deductible.



Media Consent Form

Your child, with the name below, may participate in an event or activity in the community where photos/videos/film or audio recordings of myself may be taken for the purpose of representing the Focus Foundation of BC – Whytecliff Agile Learning Centre on promotional materials. Please read this media consent form carefully and indicate below your permission for your image to be used in this manner.

Media Consent

I give consent to the Focus Foundation of BC – Whytecliff Agile Learning Centre to have photos/video/film/audio of my child, with the name below, recorded and used in the promotional materials of the organization. His/her image may be published or used in newspapers, promotional videos, television commercials, programs brochures, posters, etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by the Focus Foundation, its members, and/or external partners.

I accept

I decline

Participant's Name: _____
PLEASE PRINT

Participant's Signature: _____ Date: _____

Parent's/Legal Guardian's Name: _____
PLEASE PRINT

Parent's/Legal Guardian's Signature: _____ Date: _____

Staff Witness Name/Title : _____
PLEASE PRINT

Staff Witness Signature: _____ Date: _____