

NOTE: The information you provide will remain confidential and will only be used for statistical and evaluation purposes. Refusal to respond to questions within the Client Profile will not prevent you from participating in Coasters Association Early Childhood Animation programs.

Name of Parent/Guardian: _____

Village: _____

1) Participation in Coasters Association Early Childhood Animation Program (includes Show Me The Way and PACE programs):

I am participating for the first time

I have already participated

2) Family Type

Single Parent

Biological family (both parents)

Step family

Other (i.e grandparent, foster family) _____

3) Caregiver Date of Birth (yyyy/mm/dd)

Mother _____

Father _____

Other: _____

4) Last school year completed successfully (i.e. grade 6, high school, college..)

Mother: _____

Father: _____

5) First Language	English	French	Other (specify)
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Mother: _____

Father: _____

6) Second Language	English	French	Other (specify)
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Mother: _____

Father: _____

7) Aboriginal families (check all applicable answers)

First Nations

Inuit

Metis

8) Family Income Sources (please check all that apply)

Yearly Job	Seasonal Job	Other
<input type="checkbox"/> Full time	<input type="checkbox"/> Full time	<input type="checkbox"/> Unemployment insurance
<input type="checkbox"/> Part time	<input type="checkbox"/> Part time	<input type="checkbox"/> Social Aid
		<input type="checkbox"/> Without job

9) Work away from the village where you live (please check all that apply)

Mother leaves for work Father leaves for work

10) Family yearly income (check one answer according to the number of people living within your household)

2 persons	3 persons	4 persons	5 persons	6 persons	7 persons or more
\$19,000	\$23,000	\$28,000	\$32,000	\$36,000	\$40,000
<input type="checkbox"/> Less	<input type="checkbox"/> Less	<input type="checkbox"/> Less	<input type="checkbox"/> Less	<input type="checkbox"/> Less	<input type="checkbox"/> Less
<input type="checkbox"/> More	<input type="checkbox"/> More	<input type="checkbox"/> More	<input type="checkbox"/> More	<input type="checkbox"/> More	<input type="checkbox"/> More

11) Children Participating in the Animation Programs

Child A:	Child B:	Child C:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth date (yyyy/mm/dd):	Birth date (yyyy/mm/dd):	Birth date (yyyy/mm/dd):
<input type="checkbox"/> Has participated previously <input type="checkbox"/> Has NOT participated	<input type="checkbox"/> Has participated previously <input type="checkbox"/> Has NOT participated	<input type="checkbox"/> Has participated previously <input type="checkbox"/> Has NOT participated

12) Number of children in the family

1 2 3 4 5 6 or more

13) Children registered in daycare?

Yes No