#### 2022-2023

#### FIRST NATIONS PARENTS CLUB

**REGISTRATION FORM**

|  |
| --- |
| Club Name:  |
| First Nation(s) affiliation: |
| Associated school(s):  |
| Name of Club Leader/Contact Person:  |
| Mailing Address:  |
| Town: Postal Code:  |
| Phone: Fax:  |
| Email:  |
| Number of parents involved in club\*:  |
| Age range of students that club is supporting:  |

*\* If the exact number of parents who will be involved is unknown at the start of the Club, please provide an estimate and update that information as your Club grows.*

Please provide a brief description of the parents who will be involved in the Club. For example, please indicate if your Club will include parents from a particular First Nation community, a school, an adult education program, or a specific town or city.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to Rochelle King

by email at parentsclub@fnesc.ca, by fax at (604) 925 – 6097, or by mail to

Suite 113– 100 Park Royal South, West Vancouver, BC, V7T 1A2.