



Organization Information

Name of Organization: _____

Address: _____

<i>Street Address</i>	<i>Unit #</i>
<i>City</i>	<i>Province</i>
<i>Postal Code</i>	

Telephone: () _____ Fax: () _____

E-mail: _____ Website: _____

Number of children ages 6 to 12 served by the Organization: _____

Primary and Senior Contact Information

Primary Contact: _____ Title: _____

Phone: _____ E-mail: _____

Senior Contact: _____ Title: _____

Phone: _____ E-mail: _____

Background Information

1. Does your organization have any policies or procedures (including screening policies) that protect the safety and wellbeing of children? If so, please list, attach a copy and submit to your HIGH FIVE[®] Authorized Provider with your Registration Form.

2. Has your organization been or currently involved with any standard previous to HIGH FIVE[®]? If so, what standard?

3. Has anyone within your organization been disciplined or investigated for child related incidents? If so, please describe the details and outcomes.

4. How has your organization supported children and a commitment to healthy child development?

