

BLOCK PARENT APPLICATION (PLEASE PRINT)

SURNAME(S): _____ RES. PHONE: _____

ADDRESS: _____ POSTAL CODE: _____

COMMUNITY: _____ E-MAIL: _____

RESIDENT NO. 1 M F RESIDENT NO. 2 M F

NAME IN FULL: _____
(no initials) (FIRST) (MIDDLE) (LAST)

NAME IN FULL: _____
(no initials) (FIRST) (MIDDLE) (LAST)

ALL SURNAMES USED IN THE PAST: _____

ALL SURNAMES USED IN THE PAST: _____

BIRTHDATE: _____
(DAY) (MONTH) (YEAR)

BIRTHDATE: _____
(DAY) (MONTH) (YEAR)

PLACE OF BIRTH: _____

PLACE OF BIRTH: _____

BUSINESS PHONE NO.: _____

BUSINESS PHONE NO.: _____

****** *Prior to the approval of this application, I hereby authorize the Calgary Police Service to make such investigation of their records, or such other investigation as may be deemed appropriate, and on the basis of such investigations to indicate the approval or disapproval of the applicant(s).
As a member of the Calgary Block Parent Association, I agree to the information contained on this application form being included in the local and National Block Parent Registry.*

**SIGNATURE: _____

**SIGNATURE: _____

EVERY MEMBER OF THE HOUSEHOLD *MUST* BE INCLUDED ON THIS FORM (children, relatives, nannies, etc.)

NAME IN FULL, INCLUDING MIDDLE NAME (no initials):	DATE OF BIRTH:	PLACE OF BIRTH:	**SIGNATURE:
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____
M <input type="checkbox"/>	_____	_____	_____
F <input type="checkbox"/>	_____	_____	_____

ONE PHOTOCOPY of TWO of the FOLLOWING MUST BE INCLUDED WITH THIS APPLICATION for EACH PERSON 18 YEARS OF AGE AND OVER.

DRIVER'S LICENSE • BIRTH CERTIFICATE • PASSPORT • ALBERTA HEALTH CARE CARD

TWO REFERENCES NEEDED (not relatives):

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

ALL INFORMATION REQUESTED IN THIS APPLICATION IS REQUIRED FOR CALGARY POLICE SERVICE SCREENING.
IT WILL NOT BE RELEASED TO A THIRD PARTY UNDER ANY CIRCUMSTANCES.

BLOCK PARENT APPLICATION WILL BE AUTOMATICALLY REJECTED FOR THE FOLLOWING REASONS:
VIOLENT CRIMES, i.e. ASSAULT OR USE OF WEAPONS • REPEATED CHARGES OF ALCOHOL ABUSE • SEX RELATED OFFENCES
ANY CRIMINAL ACTIVITY INVOLVING CHILDREN • DRUG RELATED OFFENCES

REJECTION MAY OCCUR FOR ANY CRIMINAL OFFENCE OR HISTORY. CALGARY BLOCK PARENT ASSOCIATION RETAINS THE RIGHT TO REFUSE ANY APPLICATION.

Should this application be approved, you will be notified in approximately six to eight weeks when a Calgary Block Parent Association volunteer contacts you to clarify your responsibilities and provide you with a sign.

HOW DID YOU LEARN ABOUT THE BLOCK PARENT PROGRAM IN CALGARY? _____

FOR CBPA OFFICE USE ONLY
APPROVAL GIVEN: _____

DATE: _____

PLEASE MAIL, WITH REQUIRED IDENTIFICATION, IN SEALED ENVELOPE TO:
CALGARY BLOCK PARENT ASSOCIATION
133 - 6TH AVENUE S.E. CODE #595
CALGARY, ALBERTA
T2G 4Z1

RECEIVED _____ CHECKED _____ SIGN NO. _____ DATE ISSUED _____