



IPALS

Immigrant Parents as Literacy Supporters

Program for newcomers and immigrant families with children ages 3-5.
(For families with permanent resident or refugee status)

Vancouver School Board is offering a **free** family literacy program, with **8 on-site sessions** that will give parents & caregivers strategies to encourage learning in their preschool aged children. Within IPALS, children learn to strengthen their language & other literacy skills that will help & prepare them for school. There will be great learning materials for families to take home and snack will be provided in each session. All sessions will be presented in English with translated key notes in different languages.

Session Dates

January 11, 2024	12:30 – 2:45 pm
January 18	12:30 – 2:45 pm
January 25	12:30 – 2:45 pm
February 1	12:30 – 2:45 pm
February 8	12:30 – 2:45 pm
February 15	12:30 – 2:45 pm
February 22	12:30 – 2:45 pm
February 29	12:30 – 2:45 pm

(All sessions are on Thursdays)

LOCATION

**Collingwood
Neighbourhood School
3417 Euclid Ave, Vancouver
Room 107**

For more information &
registration:

ipals@vsb.bc.ca

or

604-713-6000 ext 2100

LIMIT: 20 participants Participants must commit to attend all 8 sessions.
(Due to VSB health & safety protocol, only **1** adult per family can attend in each session.)
(funding through various sources)



Funded by:

Financé par:



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada

APPENDIX 2 TO SCHEDULE A

Client Intake Form

IPALS Site : _____

IPALS Registered Child

Eligible IRCC Client ☐

1. Last name:

First name:

2. Date of Birth (yyyy-mm-dd):

3. Contact Information

City:

Postal code:

Telephone:

Email Address:

4. Status in Canada (See Schedule A, For Eligibility Criteria):

i) Permanent Residence ☐

ii) Protected persons ☐

iii) Individuals selected to become PR ☐

iv) Convention refugees & protected persons ☐

v) Live-in-caregivers ☐

vi. Ukrainian temporary residents ☐

vi) Others (Please specify) _____

5. Unique Client Identifier Number (UCIN):

6. Language of Service (or language spoken at home)

Mandarin ☐

Cantonese ☐

Punjabi ☐

Farsi ☐

Korean ☐

Vietnamese ☐

Arabic ☐

Spanish ☐

Somali ☐

Tigrinya ☐

Russian ☐

Karen ☐

Others (Please specify) _____

7. Referred by

School ☐

Settlement Service Provider ☐

Family/Friends ☐

Newspapers/website/brochures/media ☐

Others (Please specify) _____

8. Does your child have any allergies, food restrictions, medical conditions or other special requirements? Yes ☐ / No ☐ If yes, please specify _____

Decoda Literacy Solutions
Client Intake Form (Parent/Guardian/Others)

PARENT/GUARDIAN/OTHER # _____ Eligible IRCC Client <input type="checkbox"/>	Relation to the child:
1. Last name:	First name:
2. Date of Birth (yyyy-mm-dd):	
3. Contact Information City: Postal code: Telephone: Email Address:	
4. Status in Canada (See Schedule A, For Eligibility Criteria): i) Permanent Residence <input type="checkbox"/> ii) Protected persons <input type="checkbox"/> iii) Individuals selected to become PR <input type="checkbox"/> iv) Convention refugees & protected persons <input type="checkbox"/> v) Live-in-caregivers <input type="checkbox"/> vi) Ukrainian temporary residents <input type="checkbox"/> vii) Others (Please specify) _____	
5. Unique Client Identifier Number (UCIN):	
6. Language of Service (or language spoken at home) Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Punjabi <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Tigrinya <input type="checkbox"/> Russian <input type="checkbox"/> Karen <input type="checkbox"/> Others (Please specify) _____	
7. Would you like to receive emails about literacy programs and resources? Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Photo Release

(Adult and Child)

Name of Partner: _____ Name of Event: _____

I authorize Decoda Literacy Solutions Society, partnering organizations and those working on their behalf to:

- Photograph me, my child, and/or
- Videotape me, my child and/or
- Record my, my child's voice and/or
- Write down a quote from me and my child
- Publish, exhibit, and otherwise use our photo, video, audio or quote
- Use our first name _____ OR our full name _____
(check one)

I understand that Decoda Literacy Solutions Society and partnering organizations may use these photos/video/audio/quotes for their own purposes, and I will not be informed of every use of them.

My child or myself will not be paid, or receive anything else, in return for the use of his/her photo, video, audio or quote.

I grant Decoda Literacy Solutions Society and partnering organizations the right to copyright and use my and my child's photo, video, audio or quote.

This photo/video/audio/quote may be reproduced in all forms and media (including but not limited to the internet, print publications, television and radio) for educational purposes, promotional purposes, advertising, trade, and any other lawful purposes.

Decoda Literacy Solutions Society may use my and my child's photo/video/audio/quote without liability on the part of Decoda Literacy Solutions, its facilities, agents or its employees.

This agreement is binding on my estate and heirs.

I am 19 years of age or older, and I understand and agree to these conditions as it applies to my photo/video/audio/quote and in my capacity as parent or legal guardian on behalf of my child's photo/video/audio/quote.

Name of child (Please print)

Name of parent or legal guardian

Date

Signature (parent or legal guardian)

Print Name (Witness)

Date

Signature (Witness)

Photo Release

(Adult)

Name of Partner: _____ Name of Event: _____

I authorize Decoda Literacy Solutions Society, partnering organizations and those working on their behalf to:

- Photograph me, and/or
- Videotape me and/or
- Record my voice and/or
- Write down a quote from me
- Publish, exhibit, and otherwise use my photo, video, audio or quote
- Use my first name _____ OR use my full name _____ (please check one)

I understand that Decoda Literacy Solutions Society and partnering organizations may use these photos/video/audio/quotes for their own purposes, and I will not be informed of every use of them.

I will not be paid, or receive anything else, in return for the use of my photo, video, audio or quote.

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This agreement is binding on my estate and heirs.

I am 19 years of age or older, and I understand this agreement as it applies to my photo/video/audio/quote.

Print Name

Date

Signature

Witness

Print Name

Date

Signature



PIRS Informed Consent Form 2023-2024

PERSONAL INFORMATION AND MEDIA CONSENT

Photos/Videos in Publications

Do you give consent for PIRS to take and use your photograph/video and/or your children's photographs/videos in publications, website, newsletter, and social media?

- You can use my photographs ☐ Yes ☐ No

Adult Full Name: _____

- You can use my child/children's photographs

Child's Full Name: _____ ☐ Yes ☐ No

Child's Full Name: _____ ☐ Yes ☐ No

Child's Full Name: _____ ☐ Yes ☐ No

Anonymity in Publications

Would you like your name to be shared in publications or do you prefer to remain anonymous?

- ☐ Yes, you can use my name in publications ☐ I prefer to stay anonymous

Report to Funder

The personal information that you provide on this form will be kept confidential. We will use your information to collect data for the research. Your personal information may be shared with our funders for the purpose of contract monitoring, and auditing.

☐ I consent to the use of my personal information and my demographic information with the funders.

☐ I consent to the use of my/my child's photos with the funders for reporting purposes.

I, _____, have carefully read and understood the information.
(Participant's Full Name)

Participant Signature: _____

Date: ____ (D) ____ (M) ____ (Y)

Staff Full Name: _____

Staff Signature: _____

Date: ____ (D) ____ (M) ____ (Y)

See reverse side for detailed
information>>



PIRS Informed Consent Form 2023-2024

1. Who is running this program?

Pacific Immigrant Resources Society (PIRS) is running this program. PIRS is a charitable organization that helps empower immigrant and refugee women and children to fully participate in Canadian life through neighbourhood-based programs.

2. Will participating in this program help me in any way?

Yes, we anticipate that you will receive the following benefits:

- Gaining new skills and knowledge.
- Access to a safe, woman-friendly space to support your mental health and emotional wellbeing.

3. Why am I being asked about my personal information?

Your personal information will help us understand and respond to your needs. Your information will help us plan, manage and improve our programs to support women like you in the future. Furthermore, we need your information to determine your eligibility for our programs.

4. What type of information do you collect?

We collect two types of information

- Personal information: your name, children's names, contact information. This information identifies you. We only share personal information with IRCC if they are the funder of the program.
- Demographic information: age, number of children, country of origin, immigration status, needs...etc. This information is used for statistics and does not identify you. It only helps the funders understand the needs of immigrant women to provide better

5. Are you going to share my information with others?

We will share some of your information with the program funder(-s)

- Immigration, Refugee and Citizenship Canada (IRCC): we are required to share your personal information with IRCC if they are the program funder. IRCC has the authority to collect your personal information under the Immigration and Refugee Protection Act. Canadian privacy law requires that the federal government protect your personal information.
- Other funders: we might share your demographic information with other funders (e.g., country of origin, age, number of children). Your personal information will be kept confidential (e.g. name, address and phone).

6. How will my identity be protected?

Your confidentiality will be respected. Any printed material with your personal information will be locked in a cabinet in one of our offices. Any electronic material with your information will be kept secured according to our electronic information security policy. No one can access your information except for PIRS team.

6. Who can you contact if you have questions, complaints or concerns about this project?

If you have any questions or concerns, please call our office at 604-298-5888 or email us info@pirs.bc.ca