



Information and Registration



Welcome to our registration page. We welcome inquiring phone calls and emails. You may call office **604-458-0151** or email Kathleen: storyblanket@frisociety.ca. Provided here is also some information you may wonder about.

**Please note that feedback for locations and times is appreciated as it helps us support families that wish to attend Story Blanket Drop in Sessions.*

Times of sessions: Summer Sessions are available on the calendar. April calendar is posted, and we may be adding more sessions to May calendar. Spring Sessions will run until June.

FAQ: Do I need to attend all 3 days? It is up to you. Every day will be something different.

Zoom: You will be given a zoom invite upon registration. The code you will receive will be valid for your timeslots until end of Spring sessions. If you do not have or know how to use zoom, please email Kathleen: storyblanket@frisociety.ca for further information and support.

In Person Locations: Upon registration, details of locations will be provided. We will be following all Provincial Health guidelines, and space is limited.

Participation: Parents or caregivers are required to participate with their children for the duration of session. We want this to be an enjoyable time for your family and with your community.

Confidentiality: All information provided will be confidential. Other families will be participating, please feel free to list first or preferred name will be used on screen. This is a group event, and all participants will be held in confidentiality. Zoom sessions will not be recorded.

What to expect on zoom: First 15 mins checking in and introductions, log in cut off after this time. We will begin circle 15mins in and will last 30 mins. The last 15 minutes is for conversation and connection.

Registration Information Required

(You may submit this information in an email or fill out this form and send back)

Name: _____

Address: _____

Phone _____

Email _____

Self-Identify: _____

(Inuit, Métis, First Nations)

Nation (opt): _____

Ages of children (required): _____