

Dear Parent or Guardian,

Your child has been selected to participate in the Some Other Solutions' Child & Youth Team's *Heart of the Matter* program in your school. This program was developed to support children whose family has gone through a divorce or separation. The program will allow your child to realize that their feelings are normal, that they are not alone, and to provide them with the tools to help them adapt and cope to their changing world and family dynamic. It is a time dedicated specifically to expressing their thoughts, feelings, attitudes and concerns regarding their family within a supportive, confidential and educational environment.

The Heart of the Matter group will meet for 40 – 50 minutes once a week with a Some Other Solutions' Community Outreach Worker (Mentor) or volunteer over an six (6) week period. The program will be delivered on school premises and during regular school hours. The group programming is designed for students from grades one to six (1 – 6) and permits for a maximum of six (6) students. Your child will be grouped with other students who have had similar family changes. All staff and volunteers associated with Some Other Solutions have been thoroughly trained, screened and investigated to ensure that they are deemed fit and safe to work with your child.

Should you have any questions or concerns regarding the Heart of the Matter program, your child's school or the Mentor can provide you with additional information. If you would like your child to participate in the program, please talk to them about the program. If they are willing and comfortable with the program, please grant your permission by signing below.

Sincerely,

Isy Castillo

Child & Youth Team Program Manager

Some Other Solutions: Society for Crisis Prevention

mentor.isy@someothersolutions.ca

780-743-8605 ext. 5

I, _____, am the parent or legal guardian of _____,
(Parent/Guardian Name) (Student's Name)

have read all information regarding the SOS Heart of the Matter Program and agree that it will benefit my child and would like for him/her to participate. I understand all rules and boundaries set before the school and Mentors.

Signature: _____ Date: _____

Media Release Policy Agreement

I, _____ hereby grant Some Other Solutions the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of my child for use in connection with the activities of Some Other Solutions or for promoting, publicizing or explaining the Some Other Solutions or its activities. This media release includes, without limitation, the right to publish such images in the Some Other Solutions promotional materials, such as, but not limited to marketing admissions, publications, advertisements, fund-raising materials and any other Some Other Solutions related publication. These images may appear in any of the wide variety of formats and media now available to Some Other Solutions and that may be available in the future, including but not limited to print, broadcast, video, CD-ROM and electronic/online media.

Signature: _____ Date: _____