



February 2011



# THE BRIDGE

THE NEWSPAPER OF THE ALBERTA FOSTER PARENT ASSOCIATION

## MOTHERHOOD

A woman, renewing her driver's license at the County Clerk's office, was asked by the woman recorder to state her occupation.

She hesitated, uncertain how to classify herself.

"What I mean is," explained the recorder, "do you have a job or are you just a?"

"Of course I have a job," snapped the woman.

"I'm a Mom."

"We don't list 'Mom' as an occupation, 'housewife' covers it," said the recorder emphatically.

I forgot all about her story until one day I found myself in the same situation, this time at our own Town Hall.

The Clerk was obviously a career woman, poised, efficient, and possessed of a high sounding title like, "Official Interrogator" or "Town Registrar."

"What is your occupation?" she probed.

What made me say it? I do not know.

The words simply popped out.

"I'm a Research Associate in the field of Child Development and Human Relations."

The clerk paused, ball-point pen frozen in midair and looked up as though she had not heard right.



I repeated the title slowly emphasizing the most significant words.

Then I stared with wonder as my pronouncement was written, in bold, black ink on the official questionnaire.

"Might I ask," said the clerk with new interest, "just what you do in your field?"

Coolly, without any trace of fluster in my voice, I heard myself reply, "I have a continuing program of research, (what mother doesn't) In the laboratory and in the field, (normally I would have said indoors and out). I'm working for my Masters, (first the Lord and then the whole family) and already have four credits (all daughters).

Of course, the job is one of the most demanding in the humanities, (any mother care to disagree?) and I often work 14 hours a day, (24 is more like it).

But the job is more challenging than most run-of-the-mill careers and the rewards are more of a satisfaction rather than just money."

There was an increasing note of respect in the clerk's voice as she completed the form, stood up, and personally ushered me to the door.

As I drove into our driveway, buoyed up by my glamorous new career, I was greeted by my lab assistants — ages 13, 7, and 3.

Upstairs I could hear our new experimental model, (a 6 month old baby) in the child development program, testing out a new vocal pattern.

I felt I had scored a beat on bureaucracy!

And I had gone on the official records as someone more distinguished and indispensable to mankind than "just another Mom." Motherhood!

## FEATURING...

- Kids These Days: Social Responsibility ~ Everybody's Business
- Advancing Futures Bursary Program
- Seasonal Affective Disorder

## NOTICE

Deadline for submissions for next BRIDGE

May 1, 2011

Return Undeliverable Canada Addresses to:

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Canadian Publication Mail Agreement  
Number 40036752

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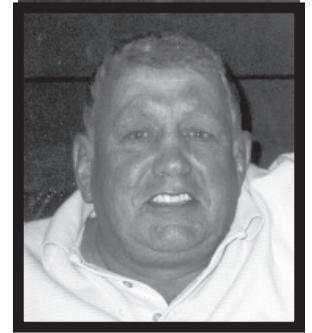
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# PRESIDENT'S REPORT

## Norm Brownell



2011 brings in new challenges in foster care for our association. We will be having more meaningful dialogue with the Inter-agency foster care committee; working on issues which are important to our children in care. There will be committee's set up from members of both groups coming together to work on projects such as transitioning youth on their 18<sup>th</sup> birthday. We look forward to the new collaboration between our groups.

Though we were turned down last year in our quest to secure funding, we were encouraged to re-apply in the first quarter of 2011. Some of the items that we are requesting dollars for are:

- New metal cladding for the main lodge at the camp
- New windows in the fireside lounge
- New windows in the 20 bedrooms of the lodge
- Upgrading our lighting in the rec. centre
- Upgrading the heating system in the rec. centre
- Remodeling 8 cabins.

Our casino dollars go to pay for fifty percent of the project.

Our first work-bee of 2011 will be held on March 4,5 & 6 at James River camp. If you are planning on attending please call Amey at 1-780-429-9923, toll-free at 1-800-667-2372 or myself at 1-403-271-9011. We need to know numbers so that we can plan for the meals.

The board has decided to open James River camp to foster families on the long weekend in May. The dates are the 20<sup>th</sup> – 23<sup>rd</sup>. There are 25 full service hookups plus more stalls with electricity. We will also make available 8 cabins close to the camping spots. Please phone Lavona at 1-800-667-2372 for rates and to make reservations for after April 1, 2011. The grounds will be monitored by George Paquette who lives on site.

June 10, 11 & 12<sup>th</sup> will be the dates of our 12<sup>th</sup> Annual Aboriginal Awareness Weekend. Karen & Ray Tweedle and their committee have agreed to host it again this year. They had a great program last year with promises to make it even better this coming year. We had close to 250 people in attendance at last year's event. To make reservations please call 1-800-667-2372 after April 15<sup>th</sup>, 2011.

Have a great winter,

Norm

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## EXECUTIVE DIRECTOR'S REPORT

### Katherine Jones



I was advised today that I needed to get my report for the Bridge ready to be submitted to the publisher and I was shocked. How time flies. I can't believe it is time for another Bridge to go to print.

Needless to say, we have been extremely busy once again here at the AFPA. Foster Family Week, Conference and the Holiday Season are now over and we are in the process of preparing for yearend once again. With that comes budget planning, negotiations, auditors and much more.

I have attended several meeting across the Province and met with several individuals and groups. It is always nice getting out to the grass roots to hear what positive things are happening within the regions and what some of the challenges are. Once again, respite seems to remain a major challenge for a number of families. The AFPA will be looking at ways of trying to recruit individual to provide respite and will be asking for your input into this matter as well as other initiatives. Please jot down any ideas you might have and send them into the office. We appreciate your input into such matters.

The Board will be doing a review of the AFPA's by-laws getting ready to bring needed changes forward to the next Annual General Meeting.

Information on changes will be sent to each AFPA member in order to prepare them for the next AGM.

Norm Brownell, President, Sylvia Thompson, Vice President and I attended a meeting at the office of the Alberta Association of Services to Children and Families to begin a dialogue with Bruce Day, Chair of the Inter-Agency Foster Care Committee and Sharon Bouchard, Executive Director of Pathway Family Services on how the AFPA and Agency Foster Care can work more collaboratively in supporting foster families across the province and share information. I thank Rhonda Barraclough, Executive Director, AASCF, for helping to facilitate this meeting and for providing a wonderful lunch. I look forward to working more closely with Mr. Day and his group. I believe that we can learn from each other and that way everyone wins.

I thank our President, Vice President and Board for all their hard work and commitment to families and children and youth in care. It is important for our members to know that our Board works on your behalf as volunteers. They do not receive pay for the work they do. You should be proud of each and every one of them.

I wish everyone a cozy, warm and safe winter.

Sincerely,  
Katherine



### AFPA BURSARY DEADLINE

Our Applications for the 2011 AFPA bursary must be postmarked on or before June 1, 2011.

For more information on our bursary and to download the application brochure with criteria, please check out our website at [www.afpaonline.com](http://www.afpaonline.com) or phone Amey at 1-800-667-2372.

## VICE-PRESIDENT'S REPORT

### Sylvia Thompson

Happy New Year to all! I hope everyone had a great Christmas.

Conference is over for another year and attendance was amazing. We had a full house for classes and meals. It was great to see so many authority foster parents, agency foster parents, kinship parents and staff attending. It's my belief that we do things well when we do them together.

Conference 2011 is already in the planning stages. Thank you for your evaluations and suggestions for next year. We are working on some of them.

Planning for summer camp is underway. We do leadership training July 15 – 17 with a sibling group camp to follow from July 17 – 22. Our wilderness camp will start on July 22 and run for 7 days until July 30th; more info to follow.

Not too much happening as things are just starting to get back to regular since Christmas Break. We will keep you posted as business continues.

# BOARD OF DIRECTORS' REPORTS

## **REGION 1** **Marlin Meyer**

As the year starts, so does the new schedule of events that our society will sponsor. The first event of the year will be our annual bowling and pizza night. This will be held January 29 at Holiday Bowl from 5pm to 7pm. All parents and children are welcome to attend and enjoy. There is no cost for this event. Our next event will be a training day on Saturday March 12 from 9am till 4pm at the Lethbridge Public Library. There will be a different topic in the morning and afternoon. These hours will be able to count towards yearly maintenance training hours.

## **REGION 2** **Ralph Welzel**

Happy New Year!!! Christmas has come and gone already after all our preparations. This was the first year that we bought and wrapped all gifts two weeks early. Looks like everyone is back at work and everything is back to normal. I hope Santa was good to all with lots of family and friends to help celebrate the season.

Homes are all full in our region. I don't know of any special events coming up in the near future. I should try to get out more. Everyone seems so extremely busy these days. We have to set some time aside for ourselves to regroup and re-energize for the continuing months of winter. Hang in there!

## **REGION 3** **John Starkey**

The Calgary & District Foster Parent's Annual Christmas Party held in Airdrie was a huge success. There were crafts and coloring for the children. There was entertainment and of course Santa showed up for over 300 children in attendance. There were snacks and also a catered sit-down dinner. There were numerous door prizes and of course there was a 50/50 draw which I sold tickets for. A great time was had by all and a special thanks to the committee that organized this event.

The "President's Ball" was to be held on December 10<sup>th</sup>, 2010 but is to be rescheduled for a later date.

Our membership fees for this coming year have increased from \$50.00 to \$75.00. In 2010, we had approximately 150 family members.

The Calgary board continues to meet monthly working together for the betterment of fostering in our area.

Looking forward to a great 2011!

## **REGION 4** **Heather Guard**

I hope you all had a great holiday, full of fun, good food and great memories. We are at the beginning of a whole new year with endless possibilities for you, your family and the many less fortunate children who we can impact in a positive way. I

hold all of you, and the work you do in this field in the highest regard. I want all of you to realize that without your intervention in their lives they may not reach their full potential. I'm sharing this with you for those moments when we all think we aren't making a difference.

When we are at these moments in our journey, take a look in your past and remember all of the accomplishments that you have made, pour yourself a cup of coffee, put your feet up and believe that You ARE making a difference. You are an important part of your child's life, so make each moment work. Be there for them and plant the seed of acceptance, love, understanding, but most of all belonging. Keep our children safe and they will remember.

## **REGION 5** **Rene Rajotte**

I would like to start off by wishing you all the best for a wonderful New Year!

I would like to remind everyone to renew your Regional Council memberships and the AFPA memberships.

We had our regional meeting on Oct 25<sup>th</sup>, 2010 and we had a very interesting guest attend. She was a former foster child. She was 5 years old and still kept in contact with her foster mom. She spoke very positive about her experience in foster care, which was so refreshing & uplifting to hear.

The Vermilion Support group had their Annual Christmas party, which was another success.

I would also like to thank everyone involved in the organizing of the AFPA Annual Conference. Once again, a great job! There were great workshops and great fun afterwards.

I would like to end by passing on a little saying that was passed down by another foster parent.

"YOU MAY BE ONLY ONE PERSON IN THE WORLD, BUT YOU MAY ALSO BE THE WORLD TO ONE PERSON."

## **REGION 6** **Linda Krauskopf**

Regional Council hopes everyone had a good Christmas and Happy New Year. Regional Council have been busy getting everything ready for the Region 6 Conference. We are still going to Linkages and other meetings that Regional Council is called to. We have also been busy with F.A.S.T and Paulette and Linda will do their best to help you at this time. Please call any one on Regional Council if you have a problem. One last note, we also hope that by the next Bridge we will be able to tell you who our new CEO is.

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## Region 9

Region 9 is currently being serviced by FAST reps from out of Region. New reps from Region 9 are being recruited and will be trained as soon as possible!

## Region 10

Region 10 is currently being serviced by FAST reps throughout the many other Regions.



# Seasonal Affective Disorder

At first, Maggie's parents thought she was slacking off. After the Thanksgiving break, she couldn't concentrate in class, and after school all she wanted to do was sleep. Her grades began to drop, and she rarely felt like socializing anymore. They were upset with her, but figured it was just a phase — especially because her energy finally seemed to return in the spring.



But when the same thing happened the next fall, and Maggie's mood and her grades plummeted again, they took her to the doctor, who diagnosed her with a type of depression called seasonal affective disorder (SAD).

## About Seasonal Affective Disorder

A form of depression that follows a seasonal pattern, SAD appears and disappears at the same times each year. People with SAD usually have symptoms of depression as winter approaches and daylight hours become shorter. When spring returns and the days become longer again, they experience relief from the symptoms and a return to a normal mood and energy level.

## Signs and Symptoms

Like other forms of depression, the symptoms of SAD can be mild, severe, or anywhere in between. Milder symptoms minimally interfere with someone's ability to participate in everyday activities, while more severe symptoms can interfere much more.

The symptoms of SAD are the same as those of depression, but occur during a specific time of year. It's the seasonal pattern of SAD — the fact that symptoms occur only for a few months each winter (for at least 2 years in a row) but not during other seasons — that distinguishes it from other forms of depression.

Symptoms of SAD may include:

**Changes in mood:** sadness, irritability, and/or feelings of hopelessness or worthlessness most of the time for at least 2 weeks; tendency to be more self-critical and more sensitive than usual to criticism; crying or getting upset more often or more easily

**Lack of enjoyment:** loss of interest in things that are normally enjoyable; feeling like tasks can't be accomplished as well as before; feelings of dissatisfaction or guilt

**Low energy:** unusual tiredness or unexplained fatigue

**Changes in sleep:** sleeping much more than usual (which can make it difficult for kids with SAD to get up and get ready for school in the morning)

**Changes in eating:** craving simple carbohydrates (i.e., comfort foods and sugary foods); tendency to overeat (which could result in weight gain during the winter months)

**Difficulty concentrating:** more trouble than usual completing assignments on time; lack of usual motivation (which can affect school performance and grades)

**Less time socializing:** spending less time with friends in social or extracurricular activities

The problems caused by SAD — such as lower-than-usual grades or less energy for socializing with friends — can affect self-esteem and leave people feeling disappointed, isolated, and lonely, especially if they don't realize what's causing the changes in energy, mood, and motivation.

## Causes of SAD

It's believed that with SAD, depression is somehow triggered by the brain's response to decreased daylight exposure. How and why this happens isn't yet fully understood.

Current theories focus on the role of sunlight in the brain's production of certain key hormones that help regulate sleep-wake cycles, energy, and mood.

Two chemicals that occur naturally in the body are thought to be involved in SAD:

1. **Melatonin**, which is linked to sleep, is produced in greater quantities when it's dark or when days are shorter. Increased production of melatonin can cause sleepiness and lethargy.
2. **Serotonin** production increases with exposure to sunlight. Low levels of serotonin are associated with depression, so increasing the availability of serotonin helps to combat depression.

## Kids These Days

By Dr. David Rideout, CEO  
North Central Alberta Child & Family Services Authority

### SOCIAL RESPONSIBILITY – EVERYBODY'S BUSINESS

I was heartened by a news report after the recent snow storm, profiling a group of boy scouts shoveling snow for elderly people. One young fellow was asked why he was doing it and his response was quite simple: "Because... I'm a boy scout!"

Unfortunately, there was also a not so heartening story that same day about young people engaged in bullying and threatening activities.

When I heard the first story I thought, "Those young people really understand the importance of social responsibility." The second one, however, reminded me there is still a long way to go when it comes to society's respect of the rights and feelings of others. That is unfortunate because being sensitive and responsive to the needs of others is basic to maintaining a healthy society.

There are so many outside influences that contribute to a child or youth's response to social interaction: parents, grandparents, peers, social groups, media, television, Internet, movies, etc.

When young people learn to be responsible for themselves and others, it has a profound and positive impact on them and their environment.

We have all seen the negative effect of rude behaviours whether it be pushing or shoving others, interrupting someone who is speaking, or making fun of others face-to-face or behind their back or via the Internet.

It may be time for a reminder of the importance of "doing to others as you would like others to do to you."

All of us, kids and adults alike, can try better to listen to others, to be kind, and to be inclusive. This is not because we have an obligation to do so, but because we know it's the right thing to do.

By being respectful, we gain respect.

By giving kindness, we receive kindness.

The key to ensuring social responsibility for generations is to consider others before oneself and respecting the rights and feelings of the people we interact with each day.

The choice is ultimately yours and mine to make.

Of course, kids these days will never be totally sheltered from experiences such as poverty, racism, crime, violence, or drugs. But, we can have open discussions about how they can still make choices to be socially responsible, even when it may not appear to be popular.

Each of us needs to take responsibility for our own actions. When in doubt, we need to ask ourselves, "Is this how I would like to be treated?" This is something to ponder, no matter what generation you belong to.

Since we all have to find a way to live together, why not make it a positive experience for everyone? While kids these days are still learning those life lessons, they may be better received if adults did as they said when it comes to social responsibility.

Those boy scouts clearing snow for seniors felt good about what they were doing. What better way to develop positive self esteem, a sense of purpose, and an understanding of social responsibility? They really demonstrated by their actions what it means to have a social conscience, without having to dress it up in a lot of fancy jargon.

Let's all learn from those boys scouts and do the same thing.

Feedback is welcome and can be sent via email to [david.rideout@gov.ab.ca](mailto:david.rideout@gov.ab.ca).

Shorter days and longer hours of darkness in fall and winter can increase melatonin levels and decrease serotonin levels, which may create the biological conditions for depression.

### Who Gets It?

About 6 in every 100 people (6%) experience SAD. Although it can affect kids and young teens, it's most common in older teens and young adults, usually starting in the early twenties. Like other forms of depression, females are about four times more likely than males to develop SAD, as are people with relatives who have had depression. Individual biology, brain chemistry, family history, environment, and life experiences also might make certain people more prone to SAD and other forms of depression.

The prevalence of SAD varies from region to region, and it's far more abundant among people who live in higher latitudes. For instance, one study found the rates of SAD were seven times higher among people in New Hampshire than in Florida, suggesting that life farther from the equator is a risk factor for SAD.

However, most people don't experience seasonal depression, even if they live in areas where days are much shorter during winter months. Those who do might be more sensitive to the variations in light, and undergo more dramatic shifts in hormone production depending on their exposure to light.

### Treatment

Treatment for SAD, which varies depending on the severity of the symptoms, includes:

**Increased light exposure.** Because the symptoms of SAD are triggered by lack of exposure to light and tend to go away on their own when available light increases, treatment for SAD often involves increased exposure to light during winter months. For someone with mild symptoms, it may be enough to spend more time outside during the daylight hours, perhaps by exercising outdoors or taking a daily walk. Full-spectrum (daylight) lightbulbs that fit in regular lamps can help bring a bit more daylight into winter months and might help with mild symptoms.

**Light therapy (phototherapy).** More troublesome symptoms may be treated with a stronger light that simulates daylight. A special lightbox or panel is placed on a tabletop or desk, and the person sits in front of it briefly every day (45 minutes or so, usually in the morning) with eyes open, glancing — not staring — occasionally at the light (to work, the light has to be absorbed through the retinas). Symptoms tend to improve within a few days or weeks. Generally, light therapy is used until enough sunlight is available outdoors. Mild side effects of phototherapy might include headache or eyestrain.

Lights used for SAD phototherapy must filter out harmful UV rays. Tanning beds or booths should not be used to relieve symptoms of SAD. Their ultraviolet rays can damage skin and cause wrinkles and age spots, and even lead to skin cancer such as melanoma. Phototherapy should be used with caution if someone has another type of depressive disorder, skin that's sensitive to light, or medical conditions that may make the eyes vulnerable to light damage. Like any treatment, phototherapy should be used under a doctor's supervision.

**Medication (pharmacotherapy).** Medications, which might be used in combination with talk therapy and light therapy, may be prescribed for a child or teen with SAD and should be monitored by a doctor. Antidepressant medications help to regulate the balance of serotonin and other neurotransmitters in the brain that affect mood and energy. Tell your doctor about any other medications your child takes, including over-the-counter or herbal medicines, which could interfere with prescription medications.

**Talk therapy (psychotherapy).** Helping to ease the sense of isolation or loneliness, talk therapy focuses on revising the negative thoughts and feelings associated with depression. It also can help people with SAD understand their condition and learn ways to prevent or minimize future bouts.

### What Parents Can Do

Talk to your doctor if you suspect your child has SAD. Doctors and mental health professionals make a diagnosis of SAD after a careful evaluation and a checkup to ensure that symptoms aren't due to a medical condition that needs treatment. Tiredness, fatigue, changes in appetite and sleep, and low energy can be signs of other medical problems, such as hypothyroidism, hypoglycemia, or mononucleosis. When symptoms of SAD first develop, parents might attribute low motivation, energy, and interest to an intentional poor attitude. Learning about SAD can help them understand another possible reason for the changes, easing feelings of blame or impatience with their child or teen.

Parents sometimes are unsure about how to discuss their concerns and observations. The best approach is usually one that's supportive and nonjudgmental. Try opening the discussion with something like, "You haven't seemed yourself lately — you've been so sad and grouchy and tired, and you don't seem to be having much fun or getting enough sleep. So, I've made an appointment for you to get a checkup. I want to help you to feel better and get back to doing your best and enjoying yourself again."

Here are a few things you can do if your child or teen has been diagnosed with SAD:

**Participate in your child's treatment.** Ask the doctor how you can best help your child.

**Help your child understand SAD.** Learn about the disorder and provide simple explanations. Remember, concentration might be difficult, so it's unlikely your child will want to read or study much about SAD — if so, just recap the main points.

**Encourage your child to get plenty of exercise and to spend time outdoors.** Take a daily walk together.

**Find quality time.** Spend a little extra time with your child — nothing special, just something low-key that doesn't require much energy. Bring home a movie you might enjoy or share a snack together. Your company and caring are important and provide personal contact and a sense of connection.

**Be patient.** Don't expect symptoms to go away immediately. Remember that low motivation, low energy, and low mood are part of SAD — it's unlikely that your child will respond cheerfully to your efforts to help.

**Help with homework.** You may have to temporarily provide hands-on assistance to help your child organize assignments or complete work. Explain that concentration problems are part of SAD and that things will get better again. Kids and teens with SAD may not realize this and worry that they're incapable of doing the schoolwork. You may also want to talk to the teachers and ask for extensions on assignments until things get better with treatment.

**Help your child to eat right.** Encourage your child to avoid loading up on simple carbohydrates and sugary snacks. Provide plenty of whole grains, vegetables, and fruits.

**Establish a sleep routine.** Encourage your child to stick to a regular bedtime every day to reap the mental health benefits of daytime light.

**Take it seriously.** Don't put off evaluation if you suspect your child has SAD. If diagnosed, your child should learn about the seasonal pattern of the depression. Talk often about what's happening, and offer reassurance that things will get better, even though that may seem impossible right now.



Reviewed by: D'Arcy Lyness, PhD

Date reviewed: October 2010

# How to Be Safe in Ice and Snow

Your dream finally came true . . . it was announced on the radio **and** on TV . . . it's a snow day! School's closed for the whole day, and that means it's time for one thing: going outside to have fun in the snow. Or maybe you're getting ready to go on a family skiing trip.

Whatever the case, winter is a really fun time of year — it's great to have snowball fights, build snowmen, and construct igloos. But while you're out having fun, you have to know how to be safe. When it's cold outside and you're not prepared, you can feel uncomfortable or even downright rotten. But lucky for you, learning how to stay safe is a breeze — even when puddles start to freeze!

## Love Those Layers

Dressing in layers is the best way to stay warm and toasty in the cold, because you can start out with lots of clothes to keep you warm and then peel them off once you start to heat up. Depending on where you live and how cold it is, some kids may need more layers, some less. But if you're in doubt, go for more layers to start — they can always come off later. (Whatever you do, always leave your coat on — that's one layer that should stay!)



For your top half, start by putting on a long-sleeved undershirt (thermal or woolen). Then put on a turtleneck, one or two shirts, a sweater, and a coat. If you can, pick out clothes that are made of fabrics other than cotton, because cotton doesn't keep you very warm. For your bottom half, put on long underwear first (thermal or woolen), then pull on a pair of heavy pants. Try to avoid jeans or light cotton pants (like khakis), because they won't keep you very warm. They will actually make your legs and behind colder if you fall down and get wet. Waterproof pants (like ski pants) are best.

Finish up with heavy socks and waterproof boots. If you're going to be doing a lot of trekking around, you'll want to wear boots that have good treads for keeping you steady on snowy and icy areas.

## Grab That Hat

You're all bundled up and ready to go, but are you forgetting something? Pull a hat onto your head! You'll stay much warmer with a hat than without one — tons of body heat escapes right from your head. Scarves, face masks, and earmuffs are also great at covering you up so you'll stay comfortable longer.

And don't forget mittens or gloves — the waterproof kind are best if you know you'll be playing around a lot in the snow. Keeping your hands warm and dry is important because fingers are sensitive to the cold.

## Drink Up!

Sounds like advice for hot weather, not cold weather, right? Well, the truth is that it's good advice for **both** kinds of weather. When you're outside in the cold and breathing hard, you lose a lot of your body's water through your breath. And the best way to get that water back is to drink up!

Warm drinks and soups keep you hydrated **and** heat up your insides when it's cold outside. Plus, stopping to have something warm to drink has two other bonuses: first, it makes you go inside and get warm for a few minutes while you're drinking, and second, it makes you go inside and get warm for a few minutes while you're using the bathroom later!

## Take It Easy

Sometimes if you're out having fun, it's easy to forget to pay attention to your body. But if your body temperature drops even 4 or 5 degrees while you're outside, it can make you feel crummy. That's why you need to be alert to your body's signals. If you're starting to shiver or your teeth are chattering, it's a message from your body that you need to head inside. And if you ever feel dizzy or weak, those are sure signs that you have to take it easy indoors for a while.

Keeping an eye on other kids can help make things safe: if it looks like a friend is shivering and really cold, suggest that you take a break inside together. You can both warm up while playing a game or watching TV and then head back outside for more fun.

## Fight the Bite

If you're outside on a very cold day and you're not wearing enough protective clothing, you could be in danger of getting **frostbite**. Frostbite is when the body's tissues freeze, and it usually happens to skin that is exposed (like your face or your ears) or to parts of the body like your fingers or toes.

If you're playing it safe in the cold — by wearing heavy clothes, socks, and mittens, and by taking breaks inside when you think you need them — you probably won't have any problem with frostbite. But if you're ever outside and you can't feel your fingers, toes, cheeks, ears, or nose, it may be a sign of frostbite. (Even if it's not frostbite, it's a sign that you should head inside anyway.) Sometimes frostbite can make these body parts hurt or feel hard when you touch them; it can also make the skin on these parts look glossy (shiny) or pale. If you think even for a second that you might have frostbite, go indoors and **tell an adult right away**.

Once you're inside, an adult should call your doctor. In the meantime, wiggle the part as much as you can — this will make more blood go to the area. If it's possible, hold the part against another area of your body that's warm — like holding your fingers on your stomach, for example. Finally, if you ever think you have frostbite, **never** stick the frostbitten part in hot water or hold something hot against it. Putting the part in **warm water** is OK — just be sure you have an adult check the temperature first.

Keeping safe in the winter is easy to do, once you know how. You want your snow day and other cold days to be the most fun they can be, so put on those layers, wear your hat and gloves, have something warm to drink, and head out for the biggest snowball championship ever!

Reviewed by: Steven Dowshen, MD

Date reviewed: July 2009



## Eating Disorders

Many kids — particularly teens — are concerned about how they look and can feel self-conscious about their bodies. This can be especially true when they are going through puberty, and undergo dramatic physical changes and face new social pressures.

Unfortunately, for a growing proportion of kids and teens, that concern can grow into an obsession that can become an eating disorder. Eating disorders such as **anorexia nervosa** or **bulimia nervosa** cause dramatic weight fluctuation, interfere with normal daily life, and damage vital body functions.

Parents can help prevent kids from developing an eating disorder by nurturing their self-esteem, and encouraging healthy attitudes about nutrition and appearance. Also, if you are worried that your child may be developing an eating disorder, it's important to intervene and seek proper medical care. This is also true if there is any family history of eating disorders.

### About Eating Disorders

Generally, eating disorders involve self-critical, negative thoughts and feelings about body weight and food, and eating habits that disrupt normal body function and daily activities.

While more common among girls, eating disorders can affect boys, too. They're so common in the U.S. that 1 or 2 out of every 100 kids will struggle with one, most commonly anorexia or bulimia. Unfortunately, many kids and teens successfully hide eating disorders from their families for months or even years.

People with anorexia have an extreme fear of weight gain and a distorted view of their body size and shape. As a result, they strive to maintain a very low body weight. Some restrict their food intake by dieting, fasting, or excessive exercise. They hardly eat at all

## Advancing Futures Bursary Program

[www.advancingfutures.gov.ab.ca](http://www.advancingfutures.gov.ab.ca)

Is a youth in your care interested in continuing their education after high school? If so, the Government of Alberta can help!

Advancing Futures is an educational bursary for youth, ages 18 to 22, who have been or are currently in the care of Alberta Children and Youth Services (ACYS). Nearly 1,200 students have received a bursary, since the program began in January 2004. Young people are invited to apply if they are interested in:

- obtaining their high school equivalency through adult education;
- earning a degree/diploma from a post-secondary school;
- learning a trade; or
- earning a licence or certificate.

Advancing Futures assists with school tuition, fees, books and supplies, and provides a living allowance to help students cover expenses such as rent, bills and food. The maximum period of funding for Advancing Futures is up to 60 months (five years) or until program completion - whichever comes first.

Advancing Futures is much more than just financial support. Program coordinators from ACYS provide recipients with ongoing guidance and support during their studies. They have contact with students, by phone, e-mail and in person. A monthly newsletter, The Buzz, provides students with program updates, advice, jokes and other lighthearted topics. The program works to create a sense of community among Advancing Futures' students.

### Is my young person eligible?

To be eligible, students must have had a Permanent Guardianship Order when they were between 13 and 18 years old or have been in the care of ACYS for at least 546 days (18 months) between the ages of 13 and 22.

### When is the deadline for youth to apply for Advancing Futures?

Youth must apply by June 1 of each year to receive a bursary for programs or courses within the coming academic school year.

### How can I find out more?

For more information about the Advancing Futures bursary program, please call (780) 415-0085 (for toll-free access in Alberta, first dial 310-0000), e-mail [advancing.futures@gov.ab.ca](mailto:advancing.futures@gov.ab.ca) or visit the website at [www.advancingfutures.gov.ab.ca](http://www.advancingfutures.gov.ab.ca).

and often try to eat as few calories as possible, frequently obsessing over food intake. The small amount of food they do eat becomes an obsession.

Bulimia is characterized by habitual binge eating and purging. Someone with bulimia may undergo weight fluctuations, but rarely experiences the low weight associated with anorexia. Both disorders can involve compulsive exercise or other forms of purging food they have eaten, such as by self-induced vomiting or laxative use.

Although anorexia and bulimia are very similar, people with anorexia are usually very thin and underweight but those with bulimia may be a normal weight or even overweight. Binge eating disorders, food phobia, and body image disorders are also becoming increasingly common in adolescence.

## Eating Disorders - Continued from Page 9

It's important to remember that eating disorders can easily get out of hand and are difficult habits to break. Eating disorders are serious clinical problems that require professional treatment by doctors, therapists, and nutritionists.

### Causes of Eating Disorders

The causes of eating disorders aren't entirely clear. However, a combination of psychological, genetic, social, and family factors are thought to be involved.

For kids with eating disorders, there is a large gap between the way they see themselves and how they actually look. People with anorexia or bulimia frequently have an intense fear of gaining weight or being overweight and frequently think they look bigger than they actually are. Also, certain sports and activities like cheerleading, gymnastics, ballet, ice skating, and wrestling may put some kids or teens at greater risk for eating disorders.

There is also an increased incidence of other problems among kids and teens with eating disorders, like anxiety disorder and obsessive-compulsive disorder. Sometimes, problems at home can put kids at higher risk of problem eating behaviors.

Some research suggests that media images contribute to the rise in the incidence of eating disorders. Most celebrities in advertising, movies, TV, and sports programs are very thin, and this may lead girls to think that the ideal of beauty is extreme thinness. Boys, too, may try to emulate a media ideal by drastically restricting their eating and compulsively exercising to build muscle mass.

Concerns about eating disorders are also beginning at an alarmingly young age. Research shows that 42% of first- to third-grade girls want to be thinner, and 81% of 10-year-olds are afraid of being fat. In fact, most kids with eating disorders began their disordered eating between the ages of 11 and 13.

Many kids who develop an eating disorder have low self-esteem and their focus on weight can be an attempt to gain a sense of control at a time when their lives feel more out-of-control.

### The Effects of Eating Disorders

While eating disorders can result from serious mental and behavioral health conditions, as well as trauma (for example, sexual abuse), they can lead to very serious physical health problems. Anorexia or bulimia may cause dehydration and other medical complications like heart problems or kidney failure. In extreme cases, eating disorders can lead to severe malnutrition and even death.

With anorexia, the body goes into starvation mode and the lack of nutrition can affect the body in many ways:

- a drop in blood pressure, pulse, and breathing rate
- hair loss and fingernail breakage

- loss of periods
- lanugo hair, a soft hair that can grow all over the skin
- lightheadedness and inability to concentrate
- anemia
- swollen joints
- brittle bones

With bulimia, constant vomiting and lack of nutrients can cause:

- constant stomach pain
- damage to the stomach and kidneys
- tooth decay (from exposure to stomach acids)
- "chipmunk cheeks," when the salivary glands permanently expand from throwing up so often
- loss of periods
- loss of the mineral potassium (this can contribute to heart problems and even death)

### Warning Signs

It can be a challenge for parents to tell the difference between kids' normal self-image concerns and warning signs of an eating disorder.

While many kids and teens — girls in particular — are self-conscious, compare themselves with others, and talk about dieting, this doesn't necessarily mean they have eating disorders. Kids with eating disorders show many abnormal behaviors and physical signs.

Someone with anorexia might:

- become very thin, frail, or emaciated
- be obsessed with eating, food, and weight control
- weigh herself or himself repeatedly
- count or portion food carefully
- only eat certain foods, avoid foods like dairy, meat, wheat, etc. (of course, lots of people who are allergic to a particular food or are vegetarians avoid certain foods)
- exercise excessively
- feel fat
- withdraw from social activities, especially meals and celebrations involving food
- be depressed, lethargic (lacking in energy), and feel cold a lot



Someone with bulimia might:

- fear weight gain
- be intensely unhappy with body size, shape, and weight
- make excuses to go to the bathroom immediately after meals
- only eat diet or low-fat foods (except during binges)
- regularly buy laxatives, diuretics, or enemas
- spend most of his or her time working out or trying to work off calories
- withdraw from social activities, especially meals and celebrations involving food

## If You Suspect an Eating Disorder

If you suspect your child has an eating disorder, it's important to intervene and help your child get diagnosed and treated. Kids with eating disorders often react defensively and angrily when confronted for the first time. Many have trouble admitting, even to themselves, that they have a problem. Sometimes getting a family member or friend who has been through treatment for an eating disorder can help encourage someone to get help.

Trying to help when someone doesn't think he or she needs it can be hard. As hard as it might be, getting the professional assistance needed, even if your child resists, is the best help you can give as a parent. Approach your child in a loving, supportive, and non-threatening way when your child feels comfortable and relaxed and there are no distractions.

Your child may be more receptive to a conversation if you focus on your own concerns, and use "I" statements, rather than "you" statements. For example, steer clear of statements like "you have an eating disorder" or "you're obsessed with food," which may only prompt anger and denial. Instead, try "I imagine that it's very stressful to count calories of everything you eat" or "I'm worried that you have lost so much weight so quickly." Cite specific things your child has said or done that have made you worry, and explain that you want your child to see a doctor to put your own mind at ease.

If you still encounter resistance, talk with your doctor or a mental health care professional about other approaches.

## Treating Eating Disorders

Treatment focuses on helping kids cope with their disordered eating behaviors and establish new patterns of thinking about and approaching food. This can involve medical supervision, nutritional counseling, and therapy. The professionals will address a child's perception about his or her body size, shape, eating, and food.

Kids who are severely malnourished may require hospitalization and ongoing care after their medical condition stabilizes.

Generally, the earlier the intervention (ideally, before malnutrition or a continual binge-purge cycle starts), the shorter the treatment required.

## Preventing Eating Disorders

You can play a powerful role in your child's development of healthy attitudes about food and nutrition.

Your own body image can influence your kids. If you constantly say "I'm fat," complain about exercise, and practice "yo-yo" dieting, your kids might feel that a distorted body image is normal and acceptable.

At a time of great societal concern about obesity, it can be tricky for parents to talk with their kids about their eating habits. It's best to emphasize health, rather than weight. Make sure your kids know you love them for who they are, not how they look. It's OK to appreciate attractiveness in celebrities — if your kids (and you!) feel OK about how they look, it won't prompt them to try to change to be like someone else. Getting the message that they're great as they are and that their bodies are healthy and strong is a wonderful gift that parents can give their kids.

Try to avoid power struggles regarding food — if your teen wants to "go vegetarian," be supportive even if you're an avid meat-eater. Teens frequently go through "faddy" eating periods, so try to set good limits, encourage healthy eating, and avoid fighting over food issues. Kids can catch on pretty quickly if their parents panic over one skipped meal. Try to gain perspective and talk to your kids about what's going on if they don't want to eat with the family.

Finally, take an active role in creating a healthy lifestyle for your family. Involve your kids in the preparation of healthy, nutritious meals. Let them know that it's OK to eat when hungry and refuse food when they're not. Also, make exercise a fun, rewarding, and regular family activity.

Developing your own healthy attitudes about food and exercise will set an excellent example for your kids.



Reviewed by: Michelle New, PhD

Date reviewed: December 2008

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## Board Reports Continued from Page 4

### REGION 7 Bev Towe

I hope everyone had an excellent Christmas and all the holidays were wonderful.

Now we start a new year, with the Regional Council and staff of region 7 working really hard on this year's retreat. The retreat will be held in St. Albert at the St. Albert Inn from April 29<sup>th</sup> to May 1<sup>st</sup>. Mark down the dates and watch your mail for your registration packages; don't forget to book your sitters.

The AFPA, once again did a wonderful job organizing the AFPA Conference in November. Good weather, interesting courses, great meals, and connecting with old friends and new fosters parents made for an unforgettable weekend.

I would like to congratulate Bill and Sharon Dowhaluk and Chelsea Grant on receiving the Foster Parent of the Year Award. Now it will be time for everyone to think about next year's recipients and the June deadline for nominations is fast approaching.

Also, remember the government yearend is March 31, 2011. Please ensure that all of your invoices are handed in as it will make everyone's job a lot easier.

Looking forward to seeing you all at the training retreat in April but until then I hope you all have a wonderful Easter break and enjoy the rest of the winter.

**Added reasons to join the AFPA:**

Special pricing is available to AFPA Members at The Brick, Fields, and West Edmonton Mall (Choice Passes). AFPA Members also receive a discount off gas at Hughes Car Wash and Gas Diesel Bar with a Hughes card.

<h1 style="margin: 0;">MEMBERSHIP APPLICATION</h1> <p style="margin: 0;">January 1, 2011 -December 31, 2011</p>		 <p style="margin: 0;">ALBERTA FOSTER PARENT ASSOCIATION</p>
<p>NAME _____</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ PROVINCE _____</p> <p>POSTAL CODE _____</p> <p>TELEPHONE _____</p> <p>DATE _____</p> <p style="text-align: center; margin-top: 20px;">PLEASE COMPLETE ALL AREAS TO ENSURE ACCURATE INFORMATION TYPE OR PRINT</p> <p style="text-align: center; margin-top: 10px;"><b>RETURN FORM AND MEMBERSHIP FEE TO:</b>                  Alberta Foster Parent Association                  9750 - 35 Avenue                  Edmonton, Alberta T6E 6J6                  Local phone (780) 429-9923                  Phone: 1-800-667-2372 -Provincial Fax: (780) 426-7151</p>	<p>PLEASE MARK X IN THE APPROPRIATE BOX</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> RENEW</p> <p>INDICATE CLASS OF MEMBERSHIP WITH X IN THE CORRECT BOX</p> <p><input type="checkbox"/> DEPARTMENT FOSTER HOME                  Regional Authority Name _____                  Regional Authority Number _____                  Classification _____</p> <p><input type="checkbox"/> AGENCY FOSTER HOME                  Name of Agency _____</p> <p><input type="checkbox"/> ASSOCIATE MEMBER</p> <p><input type="checkbox"/> SUPPORT MEMBER</p> <p><input type="checkbox"/> HONORARY MEMBER</p> <p>Method of Payment</p> <p><input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE</p> <hr/> <p style="text-align: right;">Expiry Date _____</p> <p>Credit Card Number _____</p> <p>Authorized Signature _____</p>	

**CLASS OF MEMBERSHIP**

1. Department Foster Home Member: children are placed through the department.
2. Agency Foster Home Member: children are placed through an agency.
3. Support Member: friends of foster care who are not foster parents.
4. Associate Member: individual government staff members in the Department of Family and Social Services or a staff member of a partnering agency.
5. Honorary Member: appointed lifetime members of the AFPA (fee waived).

*The membership fee is \$50.00 per household per year (one card for each parent will be issued). A fee of \$10.00 will be charged for all NSF cheques. If you would like your membership card laminated, please enclose an additional \$0.75 per card.*



**CANADIAN FOSTER FAMILY ASSOCIATION**

**Donor Membership Application**

April 1, 2011 to March 31, 2012

- New Member:       Renewal:
- Foster Family:       Social Worker:       Other:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov./Terr: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Family Membership Fee: \$20.00 or \$100.00 for 6 years:

Method of payment:

- Cheque:       Money Order:

A Receipt for Income Tax Purposes Will Be Issued  
- Revenue Canada #137467726 RR0001

**Mail this form and membership fee to:**

**CANADIAN FOSTER FAMILY ASSOCIATION**  
 c/o Sharon Joyal  
 Membership Chair  
 Box 1 Group 25 RR2  
 Ste Anne, Manitoba R5H 1R2