



Registration Form

Safety for Independent Living

Parent/Guardian Information

Name of parent/Guardian _____

Address

Contact Number _____ email _____

Emergency Contact

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Participant Information

First Name _____ Last Name _____

Age _____

Address if different than above

Please list all allergies

Is your son or daughter able to be on their own for the program? YES or NO

What type of support will your son or daughter require

Please list any behaviour that program workers should be aware of and how do you support them?

Does your son or daughter have struggle with any of the following? Hearing, verbal, fine motor, gross motor, vision, printing ability or other?

List any skills your son or daughter has

Does your son or daughter have any sensitivity to? Noise, touch, smell, lights or other?

How can we help your son or daughter enjoy the day?

Please describe your son or daughters attention span

What activities does your son or daughter enjoy doing at home or in the community?

Our program is based on the knowledge that all individuals have different needs, we want to make sure that all participants have a good time and are able to gain safety skills. If there is any other information that we should be aware of please let us know so everyone enjoys their day with us.

Payment due with registration

Permission for photos

Do you give permission for your son or daughter to have photos taken for program use?

YES - Parent/guardian Signature _____ Date _____

NO