



6685 Millcreek Drive, Unit 1, Mississauga, ON L5N 5M5

Client Intake Form

First Name: _____ Last Name: _____

DOB: _____ Gender: M F

Email: _____ Phone: _____

Home Address: _____

Family Information

Father's Name: _____ Mother's Name: _____

Father's cell phone #: _____ Mother cell phone #: _____

Name: _____ Email: _____

Name: _____ Email: _____

Health Information

Client's Diagnosis: _____

Client's Primary Physician: _____

Medication(s): _____

Permission to Administer Medications Y N

Seizures: Y N Allergies: Y N Epi-pen: Y N

Dietary Concerns: _____

What are your learning goals for this mentorship program?

School Placement or Work Experience:

Hobbies and Interests:

Sensory Triggers:

Additional Information:

Medical Consent:

I, _____ have provided Exceptional Minds Adaptive Learning Services Inc. with all necessary medical information and authorize staff to administer first aid in case of an emergency, as deemed appropriate by the attending physician(s) to my son/daughter/client.

Liability Consent:

I, _____ agree that my son/daughter/client will participate in a variety of activities. I agree that the choice to participate brings with it the assumptions of those risks and results which are part of these activities. I agree that Exceptional Minds Adaptive Learning Services Inc. shall not be liable for any injury or loss or damage to personal property arising from, or in any way resulting from my participation in these activities.

Transportation Consent:

I, _____ give consent to Peer-to-Peer© staff (Exceptional Minds Adaptive Learning Services Inc. staff members) to drive my son/daughter/client to their community activity/event. I understand that this consent form releases Exceptional Minds Adaptive Learning Services Inc. and their staff from any liability in event of accident or injury.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Program Information:

Fee: \$880.00 for 8-week block (*Childhood Budget, SSAH or Passport funding can be used for this service). Fees do not include any costs associated with activities.

Payment and registration information is due prior to the first session. Payment will be processed within the first week of the scheduled session block. Invoices will be issued via e-mail to families within the same week.

The Peer-to-Peer© program is offered in 8-week blocks. Sessions are offered once a week for 2 hours (8 session’s total). Fees cannot be reduced or refunded due to late arrivals, early departures, absences or missed sessions.

Cancellation Policy: Program fee is 100% refundable, provided that cancellation is received in writing, no later than one week (7 days) prior to the first session. If cancellations are made less than 1 week prior to the first session, 90% of the program fee is refundable (to cover admin fees).

Late Pick-up Fee: A late fee of \$10/student for every 15 minutes will apply for late pick up (if applicable).

Schedule for Winter 2023 Sessions:

Session Dates:	Jan 11	Jan 18	Jan 25	Feb 1	Feb 8	Feb 15	Feb 22	Mar 1
	6-8pm	6-8pm	6-8pm	6-8pm	6-8pm	6-8pm	6-8pm	6-8pm

Total Amount for Program \$_____

- CASH (Please contact our Program Director, Sandra Park to make arrangements for cash payments: sandra@exceptionalminds.ca)
- e-transfer can be sent to: sandra@exceptionalminds.ca (Please reference the student’s name and age in the message section)
- CREDIT CARD (Visa, MC, AMEX)

Credit Card #: _____

Expiry Date: _____/_____ Security Code: _____

Name: _____ Date: _____

Signature: _____