

## Registration Form for After-School Program

### Student's Intake Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Provided by: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Use an Epi-Pen: Yes \_\_\_\_\_ (we require 1 pen)

Health Card No. \_\_\_\_\_

Special diet: \_\_\_\_\_

### Parent/Guardian(s) Information

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Father's email: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Address (if different): \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Language(s) spoken in the home:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Sibling's Name(s) and DOB(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

Funding sources (check all that apply):

- Access OAP – Please provide Student’s Access OAP #: \_\_\_\_\_
- Special Services at Home funding
- Passport funding
- Private
- Other (please specify) \_\_\_\_\_

**Supports and Services (if applicable)**

School and/or other placements:

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**Student's Background Information**

Quality of social interactions with peers:

Generally harmonious  Occasional disagreements  Bossy/frequent disagreements

Is your son/daughter able to have a 2-way conversation with family members/peers? Yes  No

Skills and interests (check all that apply):

Knows how to play basic board games  Wants to have friends

Knows how to play team sports  Knows how to play video/electronic games

Which games/activities does your son/daughter enjoy playing?

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**Behavioural Information**

Is your son/daughter able to work independently in small group settings? Yes  No

Has your son/daughter had any behavioral challenges in the last 90 days? Yes  No

If yes, please explain/describe:

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Are there any known environmental triggers that cause your son/daughters behaviors? (i.e. loud noises, dark rooms, bright lights...etc.)

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Student/Family goals to address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional Information:

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### Consent

Medical Consent Statement: I have provided Exceptional Minds Adaptive Learning Services with all necessary medical information for my son/daughter and can be reached at the number(s) listed above. I authorize staff to administer first aid to my son/daughter in an emergency as deemed appropriate by the attending physician(s).

Consent and Liability Waiver Form: I give consent for my son/daughter to participate in various activities during scheduled sessions with Exceptional Minds Adaptive Learning Services. I agree that the choice to participate in these activities brings with it the assumptions of those risks and results, which are part of these activities. I agree that Exceptional Minds Adaptive Learning Services shall not be liable for any injury to my son/daughter, loss and/or damage to my son/daughter's personal property arising from my son/daughter's participation in these activities.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

### Policy

- Cancellation Policy: Fees are non-refundable if less than 7 days notice is given.
- Late Fees: A late fee of \$10/student for every 15 minutes will apply for late pick up.
- Fees cannot be reduced or refunded due to late arrivals, early departures, absences or missed sessions.
- Pizza will be served on our Friday social event evenings.
- Fees include cost of all materials and food
- Students who exhibit inappropriate language and/or behaviors or require 1:1 support will not be allowed to stay in the program – please inquire about our 1:1 ABA services

**\*Regular attendance is required to achieve maximum progress.**

**Payment Details**

Payment can be made by e-transfer or cc. Please select payment type:

E-TRANSFER to: [accountingservices@exceptionalminds.ca](mailto:accountingservices@exceptionalminds.ca)

CREDIT CARD

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_