

2026 WINTER PROGRAM SCHEDULE:

Weeks	Dates
Week 1	January 6 & 8
Week 2	January 13 & 15
Week 3	January 20 & 22 + Jan 23 (Friday Social Event 6-8pm)
Week 4	January 27 & 29
Week 5	February 3 & 5
Week 6	February 10 & 12
Week 7	February 17 & 19 + Feb 20 (Friday Social Event 6-8pm)
Week 8	February 24 & 26
Week 9	March 3 & 5
Week 10	March 10 & 12
Week 11	March 24 & 26 + Mar 27 (Friday Social Event 6-8pm)

***No sessions the week of March 16-20 (March Break)**

STUDENT 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)

Special diet: _____

Parent/Guardian(s) Information

Mother's Name: _____ Mother's Cell: _____

Mother's email: _____

Address: _____

Father's Name: _____ Father's Cell: _____

Father'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

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:

Student's Background Information

Group Participation:

Can your son/daughter follow directions in a small group setting?

☐ Yes ☐ Sometimes ☐ No

Can your son/daughter take part in group activities without requiring one-to-one support?

☐ Yes ☐ Sometimes ☐ No

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?

Daily Living Skills:

- Preparing simple meals or snacks: ☐ Yes ☐ Sometimes ☐ No
- Using kitchen tools safely (knife, stove, microwave): ☐ Yes ☐ Sometimes ☐ No
- Cleaning up after cooking: ☐ Yes ☐ Sometimes ☐ No
- Making their bed or keeping personal space tidy: ☐ Yes ☐ Sometimes ☐ No
- Sorting laundry, folding clothes: ☐ Yes ☐ Sometimes ☐ No
- Basic household chores (sweeping, wiping surfaces, putting away items): ☐ Yes ☐ Sometimes ☐ No

Money & Shopping Skills:

- Handling money or using a debit/credit card: ☐ Yes ☐ Sometimes ☐ No
- Shopping with a list and following simple instructions: ☐ Yes ☐ Sometimes ☐ No

Self-Care & Personal Hygiene:

- Independent hygiene routines (brushing teeth, washing hands, showering):
☐ Yes ☐ Sometimes ☐ No
- Dressing independently: ☐ Yes ☐ Sometimes ☐ No

Communication & Social Skills:

- Does your son/daughter require support communicating or expressing needs?
☐ Yes ☐ Sometimes ☐ No
- How comfortable is your son/daughter interacting with peers in a small group?
☐ Very comfortable ☐ Somewhat comfortable ☐ Needs support

Behavior & Support Needs:

How does your son/daughter typically respond to changes in routine or schedule?

- ☐ Easily adapts ☐ Sometimes struggles ☐ Needs significant support

Are there specific strategies, cues, or supports that help your son/daughter succeed in group settings?

Are there behaviors we should be aware of that may require extra support?

2026 WINTER AFTER SCHOOL PROGRAM

Student's Name: _____

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.

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).

Parent's Name: _____ Date: _____

Parent's Signature: _____

Policy

- Fees cannot be reduced or refunded due to late arrivals, early departures, absences or missed sessions.
- Fees include cost of all materials, including the Friday Social events
- Late Fees: A late fee of \$10/student for every 15 minutes will apply for late pick up.
- Students who exhibit inappropriate language and/or behaviors or require 1:1 support will not be permitted to stay in the program – please inquire about our 1:1 ABA services.

*Regular attendance is required to achieve maximum progress.

Payment

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

☐ E-TRANSFER to: accountingservices@exceptionalminds.ca

☐ CREDIT CARD

Name on Card _____

Card # _____

Expiry Date _____ 3-Digit Security Code _____

Name: _____ Date: _____

Signature: _____

PROGRAM INFORMATION

Program Schedule:

Our After School Program runs on Tuesday's and Thursday's from 5-7pm and Social Event Fridays are offered once per month from 6-8pm. (Pizza dinner will be served on Friday Social Events)

Drop-off and pick-up is at: 6685 Millcreek Drive, Unit 2, Mississauga.

Items to Bring:

Students should bring a peanut-free snack, water bottle, and any necessary medications (please give any medications to your son/daughter's Instructor, along with instructions upon arrival).

*Please make sure to label all personal items.

Registration:

1. Fill out registration form and send completed registration forms to:
sandra@exceptionalminds.ca
2. Submit payment by e-transfer to: accountingservices@exceptionalminds.ca
(indicate 2025 Fall After School Program + student's name in the memo field) or
provide credit card payment information on registration form

*Registration in advance is recommended as spaces are limited. Secure your son/daughter's space to avoid disappointment.

If your son/daughter will be late or absent for any sessions, please notify us by email to:

scheduling@exceptionalminds.ca or call: 416-360-5959.

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