

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 March Break Camp

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 Inc. 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 Inc. 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).

Transportation Consent:

I give consent to the Exceptional Minds Adaptive Learning Services Inc. staff/team to transport my son/daughter to/from the centre/Cineplex for the purpose of participating in camp activities. ***This only applies to students attending the Tuesday session.**

***To ensure a supportive and successful experience for all, participants should be able to:**

- Follow directions in a group setting
- Participate in group activities with minimal individualized support
- Demonstrate respectful and cooperative behavior

Parent's Name: _____ Date: _____

Parent's Signature: _____

PROGRAM SCHEDULE:

Program runs from 9am-4pm daily

Monday-Friday (all 5 days) \$1875.00

Days	Fee	Select Days your child will attend
Monday, March 16, 2026	\$395.00	<input type="checkbox"/>
Tuesday, March 17, 2026	\$395.00	<input type="checkbox"/>
Wednesday, March 18, 2026	\$395.00	<input type="checkbox"/>
Thursday, March 19, 2026	\$395.00	<input type="checkbox"/>
Friday, March 20, 2026	\$395.00	<input type="checkbox"/>

TOTAL AMOUNT: \$_____

REGISTRATION FORM + PAYMENT DETAILS

- Late Fees: A late fee of \$15/student for every 15 minutes will apply for late pick up.
- Fees cannot be reduced or refunded due to late arrivals, early departures, or absences.

***Deadline to register is March 11, 2026.**

E-TRANSFER to: accountingservices@exceptionalminds.ca

CREDIT CARD Visa Master Card Amex

Name on Card _____

Card # _____

Expiry Date _____ Security Code _____

Name: _____ Date: _____

Signature: _____