

PROGRAMS REGISTRATION FORM

Please refer to the Calendar of Programs and Services on the Centre for Behavioural Studies website for more information regarding current programming.

Please indicate for which program(s) you are registering, below:	
PA Days & March Break Camp	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Personal and Parent/Guardian Information

Child's full/legal name:	First:	Last:	
Date of birth:	Day:	Month:	Year:
Health Card Number:			
Parent/legal guardian name(s):	Parent/legal guardian 1:		
	Parent/legal guardian 2:		
Address:	Street Number and Address:	City:	
	Postal Code:		
Phone number:	Home:	Cell:	Other:
Phone number:	Home:	Cell:	Other:
Email:	Email 1:		

	Email 2:	
Emergency contact information:	Emergency contact 1:	Phone number:
	Emergency contact 2:	Phone number:

Medical and Health Information

Current diagnosis:	
Medication(s) currently prescribed (*include name, dose, and time(s) at which medication(s) is/are delivered):	
Allergies:	
Special diet/restrictions:	
Additional medical information (e.g., serious illness, injuries, conditions):	

Support Information

Personal Information			
What are some toys or leisure activities that your child prefers?			
Communication			
Does your child use verbal communication?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does your child respond to verbal communication?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does your child use an alternative form of communication?	iPad <input type="checkbox"/>	PECS <input type="checkbox"/>	ASL <input type="checkbox"/> Other <input type="checkbox"/>
Self-Care			

Is your child toilet-trained?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Will your child indicate if they require use of the washroom?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Does your child require assistance using the washroom?	Undressing/dressing <input type="checkbox"/>	Wiping <input type="checkbox"/>	Washing hands <input type="checkbox"/>	N/A <input type="checkbox"/>
Mealtimes				
Does your child require assistance during mealtimes?	Feeding self <input type="checkbox"/>	Prompting to eat <input type="checkbox"/>	Opening containers, warming, cutting, peeling food, etc. <input type="checkbox"/>	N/A <input type="checkbox"/>
Changes/Transitions				
Does your child experience challenges with:	Changes in routine <input type="checkbox"/>	Changes in other environmental events (e.g., staffing) <input type="checkbox"/>	Transitions between activities <input type="checkbox"/>	N/A <input type="checkbox"/>
Will advance warning be helpful to support your child with changes and/or transitions?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Please provide some details as to how we may best support your child when transitioning between environments, activities, etc. (e.g., using visuals, delivering instructions, within what timeframe prior to transitioning, etc.)				
Social Skills				
Is your child able to share?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Is your child able to take turns?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
How may your child respond when losing a game played with peers?				
Approximately how				

<p>long can your child sit during a group activity (e.g., circle) without support from a Therapist?</p>	
Behavioural Challenges	
<p>Does your child engage in any challenging/problem behaviour? (e.g., self-stimulatory behaviour, aggression, self-injury, tantrumming, non-compliance, etc.)</p>	
<p>Indicate the approximate frequency of occurrence for the previously listed challenging/problem behaviour(s).</p>	
<p>Under what conditions or situations is/are the problem behaviour(s) most likely to occur?</p>	
<p>What seems to trigger the problem behaviour(s)?</p>	
<p>How do you respond to the problem behaviour(s) to reduce your child's engagement in the behaviour(s)?</p>	
<p>Are there any other safety concerns that we should be aware of?</p>	