# YOUNG ADULTS 13+ PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>TIME</th>
<th>DATE 2016-2017</th>
<th>COST</th>
<th>TOTAL COST</th>
</tr>
</thead>
</table>
| Saturday Social | Full day 10:00 am – 2:00 p.m. | Fall Saturday Social 2016 | ☐ $35.00/Sat. 1/2 day  
☐ $65.00/Sat full day  
☐ $390.00 ½ day (12 weeks)  
☐ $720.00 full day (12 weeks) | $_________ |
| Winter Camp   | 9:30 a.m. – 3:00 p.m. | Winter Sat. Social 2017 | ☐ $35.00/Sat. 1/2 day  
☐ $65.00/Sat full day  
☐ $585.00 ½ day (18 weeks) SAVE  
☐ $1,125.00 full day (18 weeks) | $_________ |
| March Break   | 9:30 a.m. – 3:00 p.m. | Spring March Break 2017 | ☐ $65/day x ____ days  
Indicate the day of the wk.  
☐ T ☐ W ☐ TH ☐ F  
☐ T ☐ W ☐ TH ☐ F  
☐ $500 (8 DAYS) | $_________ |
| Summer Inclusive “Arts Based” Camp | 9:30 a.m. – 3:00 p.m. | Summer 2017 | ☐ $65/day x ____ days  
Indicate the day of the wk.  
☐ M ☐ T ☐ W ☐ TH ☐ F  
☐ $300 /wk. | $_________ |

## ADDITIONAL PROGRAM INFORMATION 2016-2017

<table>
<thead>
<tr>
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<th>TIME</th>
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</table>
| Day Program  | 9:30 a.m.- 3:00 p.m. | All year round  
Extended hours till 5:00 p.m. on Wed.  
Thurs. and Friday  
For additional $15/hr | Mon, Tues, Wed, Thurs. Fri  
$65.00/day  
$60.00/day full week pd. monthly | $_________ |
| After School Arts and Rec Program | 2:30 p.m. - 5:00 p.m. | September to June 2017  
Wednesday Thursday & Friday | $35/one day afterschool  
$65.00/two days (save $5.00)  
$90.00/three days (save $15.00) | $_________ |
| Music Lessons Evenings & Weekends | Indicate instrument  
Drums, Guitar, Vocal, Piano/Keyboard, Flute, Ukulele | Indicate which evenings or weekend you prefer | Private Lessons 30 mins.  
Lesson $22 Pay as you go | $_________ |
| Do you play a musical instrument?  
☐ Yes or ☐ No | Which instrument would you like to learn | 10 Sessions/30 mins.  
$200.00 Full Payment | $_________ |
**First name:**  
**Sex:**  
**Male**  
**Female**  
**Birth date:**  
**Day**  
**Month**  
**Year**  
**Home Tel:**  
**Work Tel:**  
**Cell Tel:**  
**School board:**  
**How Long:**  
**Grade:**  
**Age:**  
**School Attending or Attended:**  
**Other Programs Attended or Attending:**  
**Email address:**  
**Street Address:**  
**Postal Code:**  
**Day Tel:**  
**Cell Tel:**  
**Work Tel:**  
**Email:**  
**Address of Parent/Guardian if different from above:**  
**Name:**  
**Parent/Guardian Information**  
**Relation to Participating Child:**  
**Address of Parent/Guardian:**  
**Emergency Information**  
**Emergency Name:**  
**Relationship to Registrant:**  
**Home Tel:**  
**Work Tel:**  
**Cell Tel:**  
**Form of Transportation**  
**Transportation Company and Contact Person:**  
**Time of Arrival:**  
**Time of Departure:**  
**Individuals who will pick up and drop off please list:**  
**Name and Tel:**  
**Bus Permission**  
**Signature of Parent/Guardian:**  
**Date:**  
**Payment Options**  
**Visa or Master Card Number:**  
**Name on Credit Card:**  
**Cardholder Address:**  
**Apt:**  
**City:**  
**Prov:**  
**Postal Code:**  
**Cardholder Signature:**  
**Total Payment:**  
**Expiry Date:**  
**Month:**  
**Year:**  
**CSV # (on back of card):**
# GENERAL POLICIES

**PAYMENT** Fees paid by cheque (certified or personal) or money order should be made payable to the Sara Elizabeth Centre and dated at the time of registration. Post-dated cheques will not be accepted. There is a $25.00 charge for any returned/NSF cheques. Cheques will be processed after the program start date. Any consumable fee is payable to the instructor on the first day of class by cheque ONLY, payable to SEC. Receipts will be issued by mail for fee-paying programs only. NO REFUNDS will be issued after the first class.

**CANCELLATION POLICY** The SEC reserves the right to cancel courses due to insufficient enrollment. If programs are cancelled, every effort will be made to accommodate youth in another session.

**REFUND POLICY**

Participants requesting a refund for any reason, must do so BEFORE the second class begins. A non-refundable administration fee of $25 will be withheld. No refund will be given to students who have attended more than one class. Non-attendance is not accepted as a withdrawal notice from any course. Please allow at least (3) weeks for refund cheques or credit card to be processed. No cash refunds. **INCLEMENT WEATHER:** Should inclement weather force the cancellation of classes, staff, parents and students will need to refer to the Blue Veil website at www.blueveil.org or call the SEC line, at 905-851-3972. Every effort will be made to communicate any class cancellations by 2:00 pm for evening classes and 7:00 am for Saturday morning classes. You will be notified if any fee-paying class is re-scheduled for another date or to a new location.

**MUSIC LESSONS** Students will receive one (1) private lesson per week and Instructor one-on-one. Make-up lessons will be given only due to illness where at least twenty-four (24) hours notice is given. All missed lessons will be charged. If Instructor must cancel lesson a make-up lesson will be scheduled.

Parent consent: Please permit my son/daughter to attend Music Lesson Classes. I agree to release any of the Instructors and/or all staff members from any and all claims in respect to any damage or injury arising by reason of participation in the program by any of the Instructors or the person who is shown as the “registrant” on this form.

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### PARTICIPATION RELEASE FORM

1. The participant and parents/legal guardians agree to abide by the rules and regulations set forth by Sara Elizabeth Centre (Hereinafter referred to as the SEC)
2. The SEC reserves the right to dismiss any participant, without refund, whose conduct or influence it deems to be harmful or unsatisfactory to the best interests of the participant or the SEC. This will occur as a last resort.
3. Every measure will be taken to ensure health and safety of each participant.

   In the event of sickness or accident however, SEC, its staff and/or volunteers will not be held liable for the above participant’s medical coverage. I the undersigned agree to release and indemnify and save harmless SEC, volunteers and/or staff, and its staff from all claims arising from participation in any program organized by the staff and/or volunteers of SEC by any cause whatsoever. If staff and/or volunteers of SEC arrange for any emergency medical care including hospitalization and transportation if necessary, it is the responsibility of the parents/legal guardians or organization responsible for the payment of fees to pay for all expenses and cost incurred thereby. In the event that the SEC in its judgment uses outside emergency medical, surgical or dental services, attempts will be made to contact emergency contact person(s) known above. It is the responsibility of the parents/guardians to ensure that the participant’s medical details are supplied accurately and in full.
4. While every effort will be made to return lost, misplaced or stolen property, the SEC will not be held liable for these articles. Nor will it be held liable for broken or damaged property.
5. This document will serve as the only contract, and contains herein all terms and conditions.

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I acknowledge that I have read and accept the Registration Policies above

☐ Yes, I agree.

I am aware and give consent for Sara Elizabeth Centre to take photographs and videotape group productions during the designated time of the day/camp program

☐ Yes  ☐ No

**Parent/Guardian/Registrant Signature:**

Date:

To complete registration: Print this form and Mail it, along with your payment to   

Head Office at:

Sara Elizabeth Centre,
109 Mercury Rd.
Etobicoke, On M9W 3H7

Contact Info: Cris Smith
Tel: 416-747-9796
Email: csmith8555@rogers.com
www.blueveil.org
Thank you in advance for your time in filling out these details as this information will help us support your son/daughter as much as possible. Please elaborate on any topic you feel necessary, or that we have not covered. The more we know to support your child the more pleasurable experience your child will have.

1. What was the diagnosis of your child at birth?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

2. What is the diagnosis of your child at present?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

3. What are the physical symptoms of the disability?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

4. Does your child have Epilepsy, seizures or convulsions? (please describe)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

5. Does your child have a problem with their spinal column. In what area?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

6. Has your child undergone surgery (please describe, with dates) ?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

7. What medication does your child receive and will it need to be taken during program hours?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

8. Can you think of any other reason, such as a recent physical illness or chronic condition, that may show up or affect your son/daughter in the activities proposed for this program.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

9. Briefly describe your child’s dietary regimen:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

10. What other treatments or therapies have your child undergone? (please specify when and for how long?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
11. Is your child’s motor development delayed in any area we should be aware of? (please describe)

______________________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________________________

12. How would you describe your child’s concentration, attention span and general awareness?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

13. Would you characterize your child as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted, extroverted, other?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

14. What goals do you hope your child will achieve by participating in this program?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

15. List some of the other family members or one on one workers who are close to your child? i.e. siblings, support workers etc.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

16. Is your child a risk of bolting or running away? Has she or he done so in the past?

______________________________________________________________________________________________________

17. Any areas of muscle weakness we should know about?

______________________________________________________________________________________________________

18. How did you hear about this program?

______________________________________________________________________________________________________

19. Any particular games, songs, movies, sports, arts, or instrument that your son/daughter has interests in

______________________________________________________________________________________________________

Any Other Additional Information you feel we need to know. Thank you.

Please feel free to provide an IEP plan if you have one available. (Not required)