



TODAY'S DATE: _____		NAME: _____		BIRTHDAY: _____	
✓	PROGRAM NAME	TIME	DATE 2022	COST	TOTAL COST
	Saturday Social <i>Transportation available For additional fee Please Inquire</i>	10:00 a.m.–2:00 p.m.	Saturday Social 2022 Jan.8 – June 25 th September 10– December 17 2022	Pay as you go one month at a time or per season. No. of Sat. _____ x \$71.00 No. of Months _____ \$284.00 (4 days x \$71.00 = \$284 per month) No. of Months _____ \$213.00 (3 days x \$71.00 = \$213 per month May, Sept. & Dec only 3 days a month)	\$ _____ \$ _____ \$ _____
	March Break Camp Winter Camp	. 9:30a.m.–3:00 p.m. 9:30a.m.–3:00 p.m.	March 14, 15, 16, 17, 18 <i>Indicate the day of the wk.</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F Dec 19 20,21,22, 23,27,28,29 30, <i>Indicate the day of the wk.</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH. <input type="checkbox"/> F <input type="checkbox"/> T. <input type="checkbox"/> W. <input type="checkbox"/> TH <input type="checkbox"/> F	\$71.00 day X _____ days (Full week \$355.00) \$71.00 day X _____ days Or 9 days x \$71.00 = \$639.00	\$ _____ \$ _____ \$ _____
	Summer Inclusive "Arts Based" Camp <i>Transportation available For additional fee Please Inquire</i>	9:30 a.m. –3:00 p.m.	Summer CAMP – 2022 Wk 1 July. 4 - 8 Wk 2 July 11 - 15 Wk 3 July 18 – 22 Wk 4 July 25 – 29 Wk 5 Aug 2 – 5 only 4 days Wk 6 Aug 8 - 12 Wk 7 Aug 15 – 19 Wk 8 Aug 22 – 26 Wk 9 Aug 29 – Sept. 2	<input type="checkbox"/> \$71/day x _____ days Indicate the day of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F \$355 Circle the Weeks wk 1 wk2 wk3 wk4 wk6 wk7 wk8 wk9 wk 5 Total No. of Week _____ x \$355.00 Wk 5 only 4 days _____ x \$284.00 Total Summer Camp	\$ _____ \$ _____ \$ _____ \$ _____

ADDITIONAL PROGRAM INFORMATION 2022

✓	PROGRAM NAME	TIME	DATE	COST	TOTAL COST
<input type="checkbox"/>	Day Program	9:30 a.m. – 3:00p.m All Year Round	<i>Open every day Monday to Friday</i>	Indicate the day of the wk. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F \$71.00/day x _____ (1 to 5 Ratio)	\$ _____
<input type="checkbox"/>	Extended Morning	800 a.m. – 9:30 a.m	Tuesday and Thursday	\$37.00 /day <input type="checkbox"/> Tues <input type="checkbox"/> Thurs Two days pay only \$36.00/day	\$ _____
<input type="checkbox"/>	After School Arts and Rec Program	2:30 pm. to 5:00 p.m. snack included	Tuesday and Thursday	\$41.00/day <input type="checkbox"/> Tues <input type="checkbox"/> Thurs Two days pay only \$40.00/day	\$ _____
<input type="checkbox"/>	MUSIC/Art Lessons Saturday Do you play a musical instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach this form with payment. Please attach to Registration Form	Indicate instrument Drums,guitar,vocal, p Pian/Keyboardm, Flute, Ukulele Which instrument would you like to learn	Music or Art Indicate time: Saturday between 10:00 a.m.to 1:30 p.m. _____ _____ _____	MUSIC PRIVATE LESSONS 30 mins. \$37 pay as you go ART PRIVATE LESSONS	\$ _____ \$ _____ TOTAL of all Payment: \$ _____

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See Registration form below.

Please Print and fill out and bring with you to interview.

Use space for any additional information.

SARA ELIZABETH CENTRE REGISTRANT'S INFORMATION**PAGE 1 OF 5**

First name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Day	Month	Year
Last name:	Grade:		Age:		
Street address:		Home Tel:			
Town/City:	Postal Code:	Work Tel:			
Email address (mandatory): _____		Cell Tel: _____			
School <input type="checkbox"/> Attending or <input type="checkbox"/> Attended: _____		School board _____			
Other Programs <input type="checkbox"/> Attended or <input type="checkbox"/> Attending: _____		How Long: _____			

PARENT/GUARDIAN INFORMATION

Name:	Name:	Day Tel:
RELATIONSHIP TO PARTICIPANT:	RELATIONSHIP TO PARTICIPANT:	Cell Tel:
Address of Parent/Guardian if different from Above _____	Address of Parent/Guardian if different from Above _____	Work Tel:
_____	_____	_____
_____	_____	Email if different from above: _____
ALLERGY ALERT:	EPIPAN YES OR NO (Circle) If yes do they carry one on them _____	OHIP _____ VS _____ Dr. Name and Phone No. _____

EMERGENCY INFORMATION

Emergency Name:	Relationship to Registrant:
Home Tel:	Work Tel:
	Cell Tel:

FORM OF TRANSPORTATION

Form of Transportation: Please describe how participant will be arriving and departing	Time of Arrival	Time of Departure:
Transportation Company and Contact Person:	Tel:	
Individuals who will pick up and drop off please list:	Name and Tel:	
<p>Bus Permission</p> <p>I, hereby give permission for all the children/youth listed above to go on outings and travel by bus/van/car, during their attendance at the above program(s). I understand that the children/youth will be under adult supervision at all times. I further understand that by signing this permission slip, I hereby release and absolve Sara Elizabeth Centre of any responsibility for any injuries that may occur on any outing. I release Sara Elizabeth Centre, its, employees, it's members, board of directors, and any volunteers from any liability, past or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached.</p>		<p>Additional Names of Individuals who will pick up and drop off: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Signature of Parent/Guardian: _____		Date: _____

PAYMENT OPTIONS

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard 2% surcharge will be added	Visa or Master Card Number: _____ Name on Credit Card: _____ Cardholder Address: _____ Apt. _____ City _____ Prov. _____ Postal Code: _____ Cardholder's Signature: _____	Total Payment: \$ _____ Expiry Date: Month _____ Year _____ CSV # (on back of card) _____
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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.

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.

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:

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.

Getting to Know You

Name: _____

This is the “Getting to Know You” section that is meant to identify the dreams, goals, likes and dislikes of the person with a developmental disability. Please take some time to prepare your responses.

SEC staff will help a person with a developmental disability an/or their caregiver/respondents to complete questions that allow us to gather information that assists others to understand the things that are important to the individuals’ current needs and future plans.

This part of the registration will also help to identify ways the person with a developmental disability can get involved in their community. Achieving their personal dreams and goals may require supports and services funded by other resources and it will be helpful for us to know how the supports you are requesting fit into the person’s life plan.

Tell us about yourself or if you are the respondent, please share what you have learned about this person.

What are things you like? (explore hobbies, bring you pleasure, relax you, just for fun, places you like to go, activities you enjoy, things you own/like to purchase; time alone or with whom, etc.):

What are the things you don't like? (cause you stress, make you upset, you don't enjoy; situations or environment, people, etc)?
What supports are helpful?

What are your special talents, gifts or strengths? Your accomplishments? What are some things that other people like about you or nice things others may say about you?

What are your dreams (for the future; a special “wish come true”. If money was not a barrier, etc)?