

LDAYR Social Skills Program

***Please complete & e-mail, fax, or mail to us. Registration can also be taken over the phone.**

The information collected on this form is solely for the purposes of providing information on the participant. It is to be completed at the time of registration. The original form is kept in the Program Registration file, a copy is provided to the Program Facilitator for their information.

Richmond Hill

Newmarket

Student Name: _____ Age: _____ Grade: _____

Diagnosis: Learning Disability ADHD None Other: _____

Address: _____

Child's School: _____ Gender: Male Female Other: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Telephone/Email: (Home): _____ (Work): _____

(Cell): _____ (Email): _____

Parent/Guardian Name: _____

Telephone/Email: (Home): _____ (Work): _____

(Cell): _____ (Email): _____

Are you an LDAYR Member? Yes No

Payment Information:

***Please remit payment with this form to guarantee a spot. Please note: Debit Cards are subject to a 60¢ service fee. Credit Cards are subject to a 1.5% service fee. We accept only Visa or Master Card.**

CASH/DEBIT (Must Pay in Person)

CHEQUE Please Make Cheque Payable to Learning Disabilities Association of York Region or to LDA-YR

Credit Card _____ - _____ - _____ - _____ Expiry Date: ____ / ____

 Parent's/Guardian's Name (Print)

 Date of Signature

\$100 non-refundable deposit will be charged at the time of registration;
Credit will apply to the full amount.

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Student Name: _____

Emergency Contacts:

Name: _____

Relationship to Child: _____

Primary Phone # _____

Secondary Phone # _____

Name: _____

Relationship to Child: _____

Primary Phone # _____

Secondary Phone # _____

People Authorized to Pick-Up Your Child:

Please list any individuals **(including yourself)** who are authorized to pick up your child in your absence. For the safety of your child, he/she will NOT be released to individuals who are not listed below. Any additions to this form must be made in person. **Please note: When picking up your child ID will be requested to ensure children's safety.**

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

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Medical Information:

Known medical conditions:

Known allergies (including food):

Medications:

Health Card Number:

PARENTAL/GUARDIAN CONSENT FOR EMERGENCY MEDICAL CARE:

While every effort will be made to reach parents in the event of a medical emergency, we require your permission to authorize any Doctor to give necessary treatment in the event of such as emergency.

I hereby grant permission for **LEARNING DISABILITIES ASSOCIATION OF YORK REGION** to take whatever steps necessary to obtain emergency medical care. These steps may include but are not limited to the following:

1. Attempt to contact a parent/guardian
2. Attempt to contact emergency contact persons

If we cannot contact any of the above, we will call an ambulance and if necessary have the child taken to the emergency department of the hospital, in the company of a staff member.

Any expense incurred under circumstances listed above will be paid by the child's family. **LEARNING DISABILITIES ASSOCIATION OF YORK REGION WILL NOT BE RESPONSIBLE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.**

Parent's/Guardian's Name (Print)

Date of Signature

EPIPEN / INHALERS

LDAYR recommends that each child with severe allergies have two (2) EpiPens at Social Skills Program: one (1) locked in the medication box and (1) available at all times.

LDAYR staffs will, with the written approval of the parent and medical practitioner permit a child to carry their own EpiPen and/or asthma/allergy medication in a belt pouch. LDAYR staff will assess and review each situation to ensure that the child is sufficiently responsible to carry and administer the EpiPen, asthma or allergy medication.

The EpiPen must accompany the child throughout the program.

Directions for administering puffers must be clear and a medication form must remain on file for both regularly and occasional use of puffers.

- My child requires an EPIPEN/INHALER
- My child does not require EPIPEN/INHALER

Parent's/Guardian's Name (Print)

Date of Signature

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AGREEMENT

- I understand and give permission to the staff of LDAYR to implement a “Cool Down” period for my child during the program, if it is deemed to be in their best interest, and parent will be informed.
- I understand that Social Skills Program is not equipped to provide one-on-one counseling to my child and actions such as phone calls home, conversations with parents and dismissal from program will be taken if a child exhibits continual inappropriate and aggressive behaviour*¹.

Parent/Guardian Signature: _____

Date: _____

*¹Given that the nature of the social skills program is to encourage positive and appropriate behaviours, the program staff will employ a system whereby inappropriate and aggressive behaviour will be discussed with the participant and the parents, and a warning will be given before dismissal.

WAIVER

I/We permit (child's name) _____ to take part in the Social Skills program(s) and agree to waive any claims upon the Learning Disabilities Association of York Region (LDAYR) including Directors, Officers, or Employees in the event of any injury, loss or damage however caused that may be sustained by the above mentioned participant while taking part in the program(s).

In order for my child to participate in the Social Skills Program, I agree to be bound by the following conditions:

- The Executive Director at her/his sole discretion reserves the right to dismiss a child from the program when (s)he deems this to be in the best interest of either the child or the program (with or without refund of program fees to the parent determined based on individual cases).**
- Payment in full along with registration form must be submitted by deadline for your child to be placed in a group.**
- When I am delayed to pick up my child, I understand that LDAYR will charge a fee of \$5 for every 10 minutes over.**
- During inclement weather, every effort is made to ensure that Social Skills will run as long as is safely possible. However, severe weather may necessitate the closure of our facilities. If this occurs LDA-YR will offer up to 2 make up classes.**
- I understand and waive LDA-YR (and its agents, partners, representatives, employees, contractors, and Social Skills staff and facilitators) from any liability, including but not limited to claims based on negligence or some other act or omission, for any injury, illness, or harm to my child or damage of any personal property incurred while at Social Skills Program.**
- I agree to accept full responsibility, financially or otherwise, for the conduct of my child — including paying restitution for damage to LDAYR equipment and property, program facilities, and/or personal property of other participants. LDA-YR is not required or expected to protect participants from theft or damage to property.**

Parent/Guardian Signature: _____

Date: _____

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DISCLAIMER

- The Learning Disabilities Association (LDAYR) as a community service offers this course. This however, does not imply endorsement of these methods or strategies as the only way in which children with learning disabilities and/or ADHD can learn social skills.
- My child will be grouped according to **age** with a maximum of eight children per group.
- The groups will be determined after registration is completed, and will be based on appropriate ages of the children registered. If a child does not make a group a full refund will be provided.
- All participants **must** have a diagnosis of Learning Disability and / or ADHD. Children with other diagnoses may not be eligible to participate.

Parent/Guardian Signature: _____

Date: _____

CANCELLATION AND REFUND POLICY:

ALL REQUEST FOR CANCELLATION MUST BE SUBMITTED IN WRITING

- Upon registration, there will be no refund for cancellation by participant's family unless there is a medical emergency substantiated by a doctor's letter.
- A full refund will be provided if LDAYR must cancel the program.
- Any cancellations are subject to a \$50 Administrative Fee.
- The non-member fee of \$50 for Social Skills program is non refundable as goes towards participant's LDA-YR family annual membership.
- **Returned Cheques Fee:** A \$25.00 service fee will be levied on all cheques returned as Non-Sufficient Funds (NFS); Stop Payment; or Funds Not Cleared.

I have read the above information and agree to the terms stated.

Parent/Guardian Signature: _____

Date: _____