

Windsor Site

Essex Site

Student's Name: _____ Date: _____

Birth Date: _____ Age: _____ Current Grade: _____

Address: _____

City: _____ Prov: ON Postal Code: _____

Mother's Name: _____ Phone (H): _____
(or Guardian) (C or W): _____

Father's Name: _____ Phone (H): _____
(or Guardian) (C or W): _____

School: _____ Public Catholic Private

In Case of Emergency, if parents/guardians cannot be reached:

_____ may be contacted at _____
(name) (phone)

Health Card #: _____

Doctor: _____ Phone: _____

On Medication: Yes No If yes, what type: _____

Allergies: Yes No If yes, what type: _____

Does the individual have problems with: Hearing Speech Sight

NOTE: A copy of the individual's Psychological Assessment must be provided.

Has your child ever been, currently in, or waiting for treatment? Yes No

If yes, When? _____ Where? _____

Does your child have a safety plan? Yes No

PLEASE CONTINUE ON THE NEXT PAGE...

With which of the following skills does your child experience difficulties? Check all that apply.

Reading (Decoding Words)
Writing (Printing or Cursive)
Number Recognition
Addition
Multiplication
Money

Reading Comprehension
Spelling
Greater than, Less than, Equal to
Subtraction
Division
Time

Do you know your child's current reading level? If yes, please indicate the level. _____

I, _____, agree to and provide permission for the photographic, video, and audio recording of my child throughout the ABC & 123 Tutoring Program offered by the Learning Disabilities Association of Windsor – Essex County.

I accept and agree that the ownership of any recordings will be kept by the Learning Disabilities Association of Windsor – Essex County. I authorize the use or reproduction of any recordings referred to above for any reasonable purpose*. I understand that recordings will only be used for positive public education purposes.

* "Purposes" for photographs, video, and audio recordings includes use or publication in: websites, social media feeds, workshop presentations, television clips, brochures, and magazines for the use of program promotion or program summary.

Signature: _____ Date: _____

I have read the information on the registration form and declare it to be true:

Signature: _____ Date: _____

FOR OFFICE USE ONLY

____ ABC&123 Amount Paid: \$ _____ Cash ____ Cheque ____ Date: _____

____ Membership Amount Paid: \$ _____ Cash ____ Cheque ____ Date: _____

Has the psychological assessment been provided? Yes ____ No ____

If child has a safety plan, has a copy been provided? Yes ____ No ____

If participant requires a subsidy, was proof of need been shown? Yes ____ No ____