

## BEST SOCIAL SKILLS PROGRAM REGISTRATION FORM

BEST: Foundations

BEST: Emotions

BEST: Friendship

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 PGZV'RCI G...**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, agree to and provide permission for the photographic, video, and audio recording of my child throughout the BEST Social Skills 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**

\_\_\_\_ Foundations Amount Paid: \$ \_\_\_\_\_ Cash \_\_\_\_ Cheque \_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Emotions Amount Paid: \$ \_\_\_\_\_ Cash \_\_\_\_ Cheque \_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Friendship 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 \_\_\_\_