

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...

Has the child been assigned a laptop by their school? Yes _____ No _____

How long has your child been using assistive technology? _____ years

Comments: _____

I, _____, agree to and provide permission for the photographic, video, and audio recording of my child throughout the Computer Enrichment Camp 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

____ CEC 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 ____