

PACE: LD

PACE: ADHD

Number of Parents Attending: _____

Date: _____

Participant's Name: _____

Phone (H): _____

(C or W): _____

Participant's Name: _____

Phone (H): _____

(C or W): _____

Address: _____

City: _____ Prov: ON Postal Code: _____

Email Address: _____

In Case of Emergency:

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

Child's Age: _____ Type of Disability: _____

Child's Age: _____ Type of Disability: _____

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

Comments: _____

What you hope to learn from this program: _____

I, _____, agree to and provide permission for the photographic, video, and audio recording of myself throughout the PACE Advocacy Training 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

___ PACE:LD Amount Paid: \$ _____ Cash ___ Cheque ___ Date: _____
___ PACE:ADHD Amount Paid: \$ _____ Cash ___ Cheque ___ Date: _____
___ Membership Amount Paid: \$ _____ Cash ___ Cheque ___ Date: _____

Has the psychological assessment been provided? Yes ___ No ___

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