

\_\_\_ PA Day 1

\_\_\_ PA Day 2

\_\_\_ PA Day 3

\_\_\_ PA Day 4

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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 \_\_\_\_\_ Other \_\_\_\_\_

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 child's psychological assessment must be provided.

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

If yes, when? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does your child have a safety plan? Yes \_\_\_ No \_\_\_

If yes, a copy of the child's safety plan must be provided.

**PLEASE CONTINUE ON THE BACK....**

I, \_\_\_\_\_, agree to and provide permission for the photographic, video, and audio recording of my child throughout the PA Day 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\* (e.g. program promotion, program summary). 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

___ PA Day 1	Amount Paid: \$ _____	___ Cash	___ Cheque	Date: _____
___ PA Day 2	Amount Paid: \$ _____	___ Cash	___ Cheque	Date: _____
___ PA Day 3	Amount Paid: \$ _____	___ Cash	___ Cheque	Date: _____
___ PA Day 4	Amount Paid: \$ _____	___ Cash	___ Cheque	Date: _____

Has the Psychological Assessment been provided? Yes \_\_\_ No \_\_\_

If child has a safety plan, has it been provided? Yes \_\_\_ No \_\_\_

If participant requires a subsidy, was proof of need shown? Yes \_\_\_ No \_\_\_