



**PARTICIPANT REGISTRATION FORM FOR INTEGRATED/ADAPTED PROGRAMS**

**Program Name: Summer Hang Out      Location: Renfrew Park Community Centre**

35831.301RF Aug 8-12

35831.302RF Aug 15-19

35831.303RF Aug 22-26

<b>Section 1</b>	<b>Participant Information</b>		
Participant First Name:		Last Name:	
Age:		Date of Birth: dd/mm/yyyy	
Parent(s)/Guardian(s):			
Address:			
Home Phone:		Work Phone:	Cell Phone:
Email Address:			
School Attended:		Teacher Name / Phone Number:	
Type of School Program: <input type="checkbox"/> Integrated into General Education Class <input type="checkbox"/> Specialized Education Classroom		School Support: <input type="checkbox"/> Full time educational assistant <input type="checkbox"/> Part time educational assistant <input type="checkbox"/> No support from educational assistant	
<b>Section 2</b>	<b>Emergency Contact Information</b>		
Emergency Contact:		Relationship to Participant:	
Home Phone:		Work Phone:	Cell Phone:
Physician Name:		Physician Phone Number:	
Care Card Number:			
<b>Section 3</b>	<b>Disability/Health information</b>		
Participant's disability/diagnosis:			
Does the participant have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:			
Does the participant carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the participant have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out below:			
Medication for Seizures? If yes, please specify:			
Date of last seizure: _____ Type fo Seizures: _____			
Treatment/Care plan:			
Will the participant require medication distribution during program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
** If yes, see attached medical distribution form– if must be filled out/signed			
Additional Medical Information/Specified health care required:			

<b>Section 4</b>	<b>Communication</b>			
What is the participant's primary means of communication (ie. Speech is clear, gestures, sign language, AAC device, picture communication system (Boardmaker), difficult to understand, limited means of communication)?				
<b>Section 5</b>	<b>Activities of Daily Living</b>			
	Independent	Needs some assistance	Needs full assistance	Comments:
Dress/undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Section 6</b>	<b>Participant Behaviour</b>			
Comment briefly on the participant's general behaviour and moods (ie. Anxious, happy, excitable, shy, etc.)				
Does the participant exhibit any of the following behaviours?				
	Comments:			
<input type="checkbox"/> Bites				
<input type="checkbox"/> Easily discouraged				
<input type="checkbox"/> Easily distracted				
<input type="checkbox"/> Hyperactive				
<input type="checkbox"/> Hits/pushes/kicks peers				
<input type="checkbox"/> Hits/pushes/kicks adults				
<input type="checkbox"/> Physically harms self				
<input type="checkbox"/> Runs away/bolts				
<input type="checkbox"/> Shouts/screams				
Is there a behaviour plan in place at home or school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below or attach a copy.				
What works well to motivate the participant? (ie. Praise, special attention, stickers, etc)?				
Does the participant have any strong fears/dislikes? (ie. Thunderstorms, bees, dogs, etc.)				
If you could create an environment that would almost guarantee that the participant would respond with problem behaviour, what would that environment look like?				

Section 7	Safety			
Please check off all that apply:				
<input type="checkbox"/> Stops/responds to hearing their name		<input type="checkbox"/> Can follow verbal directions		
<input type="checkbox"/> Communicates name and phone number		<input type="checkbox"/> Recognizes danger (ie. Broken glass)		
<input type="checkbox"/> Responsible for own belongings		<input type="checkbox"/> Has street safety skills		
Section 8	Recreation			
How much support does the participant likely require for the following:				
	One-to-One Support	Minimal Support	No Support	Comments:
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free play (ie. Playground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Which teaching/assistance methods are the most effective? (Check all that apply):				
<input type="checkbox"/> Pre-teaching		<input type="checkbox"/> Verbal Instructions	<input type="checkbox"/> Written/draw instructions	
<input type="checkbox"/> Demonstrations		<input type="checkbox"/> Equipment/Adaptations	<input type="checkbox"/> Peer Buddy	
<input type="checkbox"/> Physical Assistance		<input type="checkbox"/> Other:		
Social skills/preferences: (Please check all that apply)				
<input type="checkbox"/> Does not interact well with peers		<input type="checkbox"/> Interacts with peers	<input type="checkbox"/> Interacts well with adults	
<input type="checkbox"/> Does not interact well with adults		<input type="checkbox"/> Prefers to be alone	<input type="checkbox"/> Prefers small groups (less than 10)	
<input type="checkbox"/> Prefers large groups (10 or more)		<input type="checkbox"/> Enjoys group outings	<input type="checkbox"/> Tolerates noise well.	
Section 9	Water			
Is the participant comfortable in the water? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Participant is a:	<input type="checkbox"/> Non-swimmer (shallow water only) <input type="checkbox"/> Beginner swimmer <input type="checkbox"/> Experienced swimmer (takes/has taken swim lessons)			
Section 10	Photo Release			
<p>This release form will allow the use of the signer's photograph for the promotion and marketing of park and recreation facilities. Examples of such usage would include publications like annual reports, tourism brochures, leisure activity guides and print advertising.</p> <p>Thank you for helping us promote parks and recreation which help make Vancouver one of the most liveable cities in the world.</p> <p>Minors under the age of 12 years will require a parental/guardian signature.  Minors 18 years or less and under the care of the Ministry For Children &amp; Family Development (MCFD) will require permission from the MCFD.</p>				
_____			_____	
<i>Parent/Guardian Signature</i>			<i>Date</i>	

**LATE PICK UPS**

**\$25/10 minutes will apply per occurrence. Please ensure prompt pick up of your child/ren.**

**Please mail or drop off the completed form to:**

Renfrew Park Community Centre—2929 East 22nd Avenue—Vancouver, BC—V5M 2Y3  
Phone: 604 257-8388, ext 3 Fax: 604 257-8392