

Registration Form for Adult Day Programs

Summer 2019

Please fill in all of the information required

FIRST NAME _____ LAST NAME _____ BIRTHDAY _____

ADDRESS: _____ CITY _____ POSTAL CODE _____

PHONE# _____ CELL# _____ EMAIL _____

SUPPORTIVE ROOMMATE (Circle) YES or NO (IF YES) NAME _____

PHONE #: _____ CELL# _____ EMAIL: _____

HOME SUPPORTS

NAME OF AGENCY: _____

CONTACTS:

CASE MANAGERS NAME _____

PHONE# _____ CELL# _____

EMAIL _____

FAMILY MANAGED SUPPORTS (circle one) YES or NO

FMS Admin NAME: _____

PHONE# _____ CELL# _____

EMAIL _____

COMMUNITY SUPPORT WORKER:

AGENCY: (circle one) SAME AS ABOVE (If different) NAME OF AGENCY: _____

CASE MANAGERS NAME _____ PHONE # _____ CELL# _____

EMAIL _____

NAME (Community Support Worker/Aide) _____ CELL# _____

EMAIL _____

PARENT/ GUARDIAN:

NAME _____ HOME # _____ WORK# _____ CELL# _____

ADDRESS (if different from client) _____

CITY _____ POSTAL CODE _____ EMAIL _____

IN CASE OF EMERGENCY CALL

1. GUARDIAN (ABOVE)

2. NAME _____

HOME# _____ CELL# _____ WORK# _____

RELATIONSHIP _____

Centre 4 Artistic Soles



PLEASE ANSWER THE FOLLOWING QUESTIONS.

ALLERGIES**** _____

DIAGNOSIS _____ MEDICATIONS _____

BEHAVIORAL CONCERNS (anxiety, boundary...) _____

_____ SENSORY _____

DO YOU USE ANY AIDES? (such as wheelchair, walker, hearing...) _____ WEAR GLASSES? _____

DO YOU USE HANDI BUS? (circle one) YES or NO YOUR # _____

VISUAL SUPPORTS TO COMMUNICATE OR UNDERSTAND INSTRUCTIONS (circle one) YES or NO

Parents/ Guardians/Funds Administrator/ Agencies please read and sign

- **Community Supports/Aides is required** for individuals needing assistance (and is the responsibility of the parent/ guardians or agency enrolling the participant to hire) unless a written agreement has been made with Centre 4 Artistic Soles to do so.
- **Community Supports/Aides** are responsible to immediately address any attention seeking behaviors, attitudes and verbal attacks toward staff and/or clients while attending their activities. To support him/her in finding solutions and socially appropriate ways to deal with their issue and to remove them from the situation if need be. To respect and support the consequence that might have to be given to the client if the behavior continues to disrupt others .
- **NO** medication will be administered ,and **NO** assistance to use the bathroom will be given by staff @Centre4 Artistic Soles will be allowed .
- Parents/Guardians agencies , Community Supports/Aides must read and understand our policies / procedures and are responsible to go over them with the individual enrolling in our program/s .and must sign it before returning it. to facilitator.
- **All FEES MUST BE PAID as well as the COMPLETED REGISTRATION FORM before the first day** in order to attend the activity and to secure your spot in the activity.
- Individuals arriving and being picked up by HANDI BUS **must** have Community Supports/Aides available to do hand off both ways . We will not accept participants arriving without their community support, being present unless an agreement has been made in writing with Program Director to hand off.
- **Community Supports/Aides must wait** until the HANDI BUS arrives for pick up before leaving . It is not the responsibility of Centre 4 Artistic Soles to stay until pick up unless arrangement are made in advance in writing.
- All emergency and contact info must be correct and updated For the safety of our staff and other participants behaviour issues such as biting, spitting, hitting , anxiety, attention seeking behaviors **must be disclosed to the facilitator during intake** (this will be kept private between staff member, it better prepares us to anticipate what to do to when a situation arises ,not to make judgement or exclude the individual from attending the activity.)
- **Abuse of any kind** towards staff and/or other participants will not be tolerated and will result in dismissal the Program/Activity with NO REFUNDS
- All support staff that accompany individuals to his/her activities must respect the staff , participants & his/her Community Supports/ Aides and any person who comes through our doors. They must respect our clients , policies and procedures at all time.
- **Individuals who attend our activities independently** without supports must be able to be able to use the bathroom, have his/her own transportation., dress and feed his/her selves, and must be able to communicate and not require and physical help to walk or get in and out of a chair and be able to follow , respect and understand our policies. Unless there is a written agreement between the client /guardian to provide some assistance , Centre 4 Artistic Soles reserves the right at any time to decide whether the client can attend without Community Support/Aide. All questions on the registration for must be filled out.

I / We understand the above terms and conditions and that Centre 4 Artistic Soles (a division of Taking My Steps Ltd) is just providing a fee for service community Program / Activities and is **not responsible to supply Community Supports/Aides for individuals requiring** extra assistance unless we have been contracted to do so. I / we will also be responsible to arrange drop off and pick up the participant at the scheduled ending time of the activity if no Community Supports/Aides is needed as determined by Centre 4 Artistic Soles Program Director, I /We are responsible for the behaviors of the Community Supports/Aides provided and will address any concerns of misconduct while at Centre 4 Artistic Soles or disrespect. towards anyone of his/her clients / staff.

I _____(guardian/ FMS administrator/ parent) of _____(client) give permission for his/her Community Support/Aide, Case Managers , Supportive roommate to fill out / help fill out any information needed on the registration forms needed to enroll in any activity at Centre 4 Artistic Soles. I understand that even though _____(client) will have a Community Supports/Aide these questions are relevant and are required by Centre 4 Artistic Soles in order to provide a Safe and Fun environment that encourages independence of each individual and takes into consideration the needs and goals of every participant enrolled and is designed for each one to achieve success . I understand that Centre 4 Artistic Soles will always keep all information strictly confidential and that any questions being asked are not meant to be intrusive , but to continue to provide a quality all inclusive program that strives to challenge each individual to discover what they CAN DO not CAN'T DO

_____Date_____

Parent/Guardian

_____Date_____

Case Manager/ Community Supports/Aides

Centre 4 Artistic Soles

