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Kingston, Ontario  
K7K 3H4



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## ADULT PROGRAMS

### Registration Information

#### Adult Program

Days of the Week participant will attend:

Monday  Tuesday  Wednesday

Would be interested in attending:

Thursday  Friday

Start Date: \_\_\_\_\_

#### Adult Summer Recreation Program

*Office Use Only:*

Week 1  Week 2  Week 3  Week 4  
 Week 5  Week 6  Week 7

### Participant Information

Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

### Emergency Details

Emergency  
Contact: \_\_\_\_\_

Health  
Card Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

### Authorized Persons To Whom Your Participant May Be Released\*

*Please note that the person picking up your adult may be asked to show identification.*

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

\*The Adult Program Coordinator needs to be informed **writing** if there is a change in authorized persons.



**Medical Information**

Does your participant have a medical diagnosis? Please describe: \_\_\_\_\_

\_\_\_\_\_

Is your participant allergic to:  Insect stings  Foods  Antibiotics  Medication  Other, Please describe:

\_\_\_\_\_

Does your participant currently take any medication?  No  Yes (*Please fill out medication form.*)

Does your participant use any adaptive devices?:  Wheelchair  Walker  Ankle or foot orthotics (AFO's)  Eye glasses  Hearing aid  Other, Please describe:

\_\_\_\_\_

\_\_\_\_\_

**Communication**

Does your participant use verbal (expressive) language?  No  Yes

If yes, what form:  Sentences  Short Phrases  One Word

Is your participant able to **understand** verbal language?  No  Yes

If your participant is non-verbal, what is his/her primary means of communication?

Communication Board  Sign Language  Picture Symbols  Body Language/Gestures  Other

If other, please describe: \_\_\_\_\_

\_\_\_\_\_

Please use the following space to provide any information that would be helpful for us to communicate with your participant:

\_\_\_\_\_

\_\_\_\_\_

**Likes / Interests**

Please list your participant's favourite activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Personal Care Information**

Does your participant indicate when he/she needs to use the washroom?  No  If Yes, how do they convey this information?: \_\_\_\_\_

Does your participant need assistance in the washroom?  No  Yes

If Yes, please indicate areas of assistance needed:  Prompting to use the washroom  Direction to the washroom  Help with clothing (buttons, zippers etc.)  Help with wiping  Help with washing hands  Wears undergarments (diapers, pull-ups, depends etc.)  Help with feminine products

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eating Information**

At snack and lunch time, does your participant:  Need help opening containers etc.  Need food divided into smaller bite size pieces  Need encouragement or prompting to eat  Additional monitoring for choking or swallowing concerns  Need to be fed by a staff member  Take food from others if it is within reach  Put non-food items in his/her mouth  No assistance is required

Other: \_\_\_\_\_  
\_\_\_\_\_

Does your participant have any dietary restrictions?  No  Yes, Please describe: \_\_\_\_\_  
\_\_\_\_\_

***For Adult Summer Recreation Program Only:***

Is your participant fed by a feeding tube?  No  Yes

If yes, does your participant take any food or liquids by mouth?  No  Yes, Please describe: \_\_\_\_\_  
\_\_\_\_\_

Please use the following space to provide any information that would be helpful concerning eating habits:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Behavioural Challenges

How are emotions such as frustration or confusion shown? \_\_\_\_\_

Are there any stressors and/or triggers for your participant? \_\_\_\_\_

Does your participant have any unusual fears? \_\_\_\_\_

Does your participant have strong likes or dislikes? \_\_\_\_\_

*Please complete the following chart:*

Behaviour	Never	Some- times	Often	What do you do when this occurs?
Scratches, pinches, bites, or hits self				
Bangs own head				
Scratches, pinches, bites, grabs, or hits others				
Throws things				
Runs away				
Uses inappropriate language				
Spits on others				
Exposes self in public				
Masturbates in public				
Touches others inappropriately				
Other _____ _____				

Please provide information that would help in dealing with challenging behaviour (calming your participant, motivating your participant to participate, etc.): \_\_\_\_\_

## Change and Transitions

*Please check all that apply.*

Does your participant react poorly to changes in:

Routine or Schedule    Activities (e.g. Cancellation)    Location of Activity    Staff members working with him/her

Does advanced warning of a change help your participant to deal with the change?    No    Yes

If yes, what strategies would you recommend to help your participant adjust? \_\_\_\_\_

## Social Skills

*Please check all that apply.*

Is your participant able to:

Share?    No    Yes   Take turns?    No    Yes   Lose a game gracefully?    No    Yes

For how long is your participant generally able to attend in a group situation? \_\_\_\_\_

What size group is your participant most comfortable in? \_\_\_\_\_

*Please check all that apply.*

Does your participant:

Have a general sense of danger?    No    Yes   Ask for assistance when needed?    No    Yes

Initiate interaction without encouragement?    No    Yes

## For Adult Summer Recreation Program Only   **School Information**

Where does your participant attend school and what grade is he/she in? \_\_\_\_\_

Does your participant have an Education Assistant at school?    Yes    No

If yes, would you give us permission to contact the school to observe your participant in class?    Yes    No

## Sensory Reactions

*How does your participant respond to:*

Stimulus	Well	Not Well	Describe the Reaction
Crowds			
Noise			
Not having enough personal space			
Being touched			
Bright light			
Other distracters _____ _____			

## Swimming Information

*Please answer the following questions:*

Is your participant able to swim/move in water independently?  No  Yes

Is your participant comfortable in the deep end?  No  Yes

Does your participant need a flotation device for safety?  No  Yes

Please provide any information that would be helpful regarding swimming: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Adult Summer Recreation Program**

Session	Dates	Basic Fee	✓	Enhanced	✓	1-on-1	✓
1	July 5-July 9	\$225.00	<input type="checkbox"/>	\$ 325.00	<input type="checkbox"/>	\$425.00	<input type="checkbox"/>
2	July 12-July 16	\$ 225.00	<input type="checkbox"/>	\$ 325.00	<input type="checkbox"/>	\$ 425.00	<input type="checkbox"/>
3	July 19-July 23	\$ 225.00	<input type="checkbox"/>	\$ 325.00	<input type="checkbox"/>	\$ 425.00	<input type="checkbox"/>
4	July 26-July 30	\$ 225.00	<input type="checkbox"/>	\$ 325.00	<input type="checkbox"/>	\$ 425.00	<input type="checkbox"/>
5	August 3-August 6*	\$ 180.00	<input type="checkbox"/>	\$ 260.00	<input type="checkbox"/>	\$ 340.00	<input type="checkbox"/>
6	August 9-August 13	\$ 225.00	<input type="checkbox"/>	\$ 325.00	<input type="checkbox"/>	\$ 425.00	<input type="checkbox"/>
7	August 16-August 20	\$ 225.00	<input type="checkbox"/>	\$ 325.00	<input type="checkbox"/>	\$ 425.00	<input type="checkbox"/>
<b>Full Session</b>	<b>7 Weeks</b>	<b>\$ 1530.00</b>	<input type="checkbox"/>	<b>\$ 2210.00</b>	<input type="checkbox"/>	<b>\$ 2890.00</b>	<input type="checkbox"/>

\*Shorter 4 day week due to Holiday.

TOTAL Program Fees \$ \_\_\_\_\_

**Program hours are 9am-4pm.** There *may be* an additional per day charge for extended hours.

If your participant requires extended hours:  8am –9am,  4pm –5pm please make plans with the adult program co-ordinator.

**A \$50 deposit is required upon registration to reserve program space.** (This is not required if EAF manages your program funding.) Full program fees are due by May 15, 2010 **unless arrangements have been made in advance.**

**Please Indicate How Program Fees are to be Paid**

**Cash or Cheque**                      Amount \$ \_\_\_\_\_                      Date Received \_\_\_\_\_

If this invoice will be **paid by an agency other than EAF**, please forward a copy of this registration form to that agency as soon as possible since it may take 4-6 weeks for them to arrange apayment. **Fees must be paid in full by May 15, 2010** unless arangements have been made in advance with Extend-A-Family.

If you have any questions about fees, please contact Rebecca at 613-544-8939, ext 30, or rebecca@eafkingston.com

**Financial Assistance**

We believe every participant deserves a fun-filled summer experience and that families benefit from this respite opportunity. Although our summer program fees are already subsidized through EAF’s fundraising efforts, **we do not want the cost of the program to be a barrier, preventing any participant from attending.** If you require financial assistance, please contact Maria Cordeiro, our Family Support Coordinator at 613-544-8939, ext 27 to explore funding options. **Additionally, we may be able to offer an EAF grant to assist with fees.** (Preference will be given to Extend-A-Family members.)

**Participant’s Name** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_

## One-on-One Workers

If your participant requires one-to-one staffing, we strongly recommend that 1:1 workers are trained and employed through Extend-A-Family. Our one-to-one camp fee is subsidized through EAF's fundraising and in most cases would cost less than paying a private one-on-one worker plus the basic camp fee.

By mutual agreement, if the one-on-one worker is hired and paid by you, the worker will need to provide EAF with a current CPIC and complete any necessary documentation required by all workers and volunteers. The worker will also need to confirm and sign that he/she has read all policies and agrees to abide by them. Should a worker hired by a family fail to adhere to EAF's policies and/or jeopardize the health and safety of any participant, staff person, or volunteer, they will be asked to leave, and the family will be notified. The participant will not be permitted to return to the program until appropriate staffing can be arranged.

### Terms and Conditions

1. Participants will not be registered until fees are paid in full, or payment arrangements have been made with our office, and the parent/guardian receives confirmation from the Adult Program Coordinator.
2. The deadline for the summer recreation program is April 30. Given the special needs that our participants have, we need to assess staffing ratios and hire accordingly. **Registrations received after that date will be given consideration if there is space available.** If a particular week is full, we will place your participant on a waiting list and let you know if a space becomes available.
3. **No less than two (2) week's written cancellation notice** is required in order to receive a refund. Refunds may take up to 30 days to process. A \$75 cancellation fee will be charged.
4. Unless early and late pick-up arrangements have been made, participants should not be dropped off any earlier than 10 minutes before the summer recreation program, or picked up later than 10 minutes after the summer recreation program. If you or whoever is picking up your participant will be late, the Adult Program Coordinator needs to be contacted at 613-544-8939, extension 21. Late fees may be assessed if a parent/guardian is more than 10 minutes late picking up his/her participant. If a participant is left in our care for an hour beyond pick-up time and we have not heard from a parent or guardian and we have been unable to reach a parent/guardian or emergency contact, we are obligated legally to contact a child protection agency.
6. If a participant coming to the summer recreation program has a history of, or is found to have, violent/aggressive behaviour where the participant harms him/herself or others, the parent/guardian must sign a form acknowledging that EAF has permission for staff trained in Non-Violent Crisis Intervention to intervene with a non-violent physical restraint. If permission is not given, and outbursts become frequent, disruptive and threaten the safety of staff and participants, the parent/guardian will be asked to withdraw the participant from the program and a refund will be given.

**I have read and understood the terms and conditions as outlined above:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian (Please Print)

\_\_\_\_\_  
Date



## General Program Waiver

I, the under signed parent/guardian of \_\_\_\_\_ do hereby consent to his/her participation in Extend-A-Family Kingston's Recreation Programs.

- I acknowledge that participation may expose him/her to the possibility of injury. I grant Extend-A-Family Kingston's Staff the authority to obtain emergency medical treatment as necessary to insure that the above named is safe from further injury.
- In consideration of Extend-A-Family Kingston allowing him/her to participate in its programs, I agree to waive and release Extend-A-Family Kingston from all claims for damages that may arise as a result of his/her participation.
- I am aware that he/she may appear in a photograph, or video, taken by camp staff or local media and that a photograph or video may appear in a variety of media sources on behalf of Extend-A-Family. Extend-A-Family Kingston will not divulge his/her name without written permission.
- I acknowledge that he/she will be participating in activities, trips and events organized by Extend-A-Family Kingston. I am aware that participation may be outside the scope of his/her daily routine. I give permission for him/her to travel by foot, automobile, or bus to a desired location.

*I acknowledge and confirm that I have read this entire document prior to signing below.*

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness