



609 25th Street East
 Saskatoon SK, S7K 0L7
 Phone: (306) 665 – 7013
 Fax (306) 665 – 7011
 Email: admin@autismservices.ca

**PROGRAM APPLICATION FORM
 Winter 2012**

PLEASE PRINT CLEARLY

PARTICIPANT Media Consent Given: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: (Last, First)		
Date of Birth (ddmmyyyy):		Age:
Address (including Postal Code):		
Phone:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you a currently an Autism Services Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Membership is required in order to access our programs and services. Parents or guardians do not pay for their first year of membership. Subsequent memberships are \$20.00 a year. Please call us at 665-7013 if you are uncertain of membership status. All membership fees are due January of each year. <i>If paying by credit card and membership is due, it will be processed automatically.</i>		
PARENT / GUARDIAN # 1 Name:		PARENT / GUARDIAN # 2 Name:
Address: <input type="checkbox"/> same as participant		Address: <input type="checkbox"/> same as participant
Home phone #	Work phone #	Cell phone#
Email Address:		Email Address:
ALTERNATE CONTACT		
Name	Home phone #	Work phone #
Relationship to participant:		Cell phone#
Address:		

PARTICIPANT EMERGENCY MEDICAL INFORMATION		
Allergies: (penicillin, nuts, etc) . <input type="checkbox"/> Yes <input type="checkbox"/> No Please tell us about it (including reaction)		
Medical Issues: <input type="checkbox"/> No <input type="checkbox"/> Yes – then check ones that apply <input type="checkbox"/> Asthma <input type="checkbox"/> Insulin Dependent Diabetes <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Other (details):		
List any medications given to treat the above medical issues.		
Family Doctor:	Phone number:	Participant's Sask Health Services #

 Signature of Parent/Guardian

 Date (dd / mm / yyyy)

PROGRAM APPLICATION FORM
Program Selection Winter 2012
 All Programs subject to change

PARTICIPANT	Age:
Name: (Last, First)	

Name of Program	Days & Times	Location	Fees
<input type="checkbox"/> Bowling	Indicate Preference (Check Box) <input type="checkbox"/> Tuesdays, 6:00 – 6:40 pm (Ages 7 to 9) or <input type="checkbox"/> Tuesdays, 6:50 – 7:30 pm (Ages 10 to 12) or <input type="checkbox"/> Tuesday, 7:40 – 8:30 pm (Ages 13 to 19) Jan.10 to March 6, 2012 (8 weeks) No Program on February 21	Eastview Bowl 2929 Louise Street	\$60 (40 min) or \$75 (50 min)
<input type="checkbox"/> Young-Teen Club (Ages 11-14)	Thursdays, 6:30 – 8:30 pm January 19 to March 15, 2012 (8 weeks) No Program on February 23	Various Locations. 1 st night at Autism Services Office 609-25 th Street E	\$100
<input type="checkbox"/> Teen Club (Ages 15-18)	Thursdays, 6:30 – 8:30 pm January 12 th to March 8 th , 2012 (8 weeks) No Program on February 23	Various Locations. 1 st night at Autism Services Office 609-25 th Street E	\$100
<input type="checkbox"/> Adult Social Club (Ages 20-26)	Fridays, 6:30 - 8:30pm January 13 to March 9, 2012 (8 weeks) No Program on February 24	Various Locations. 1 st night at Autism Services Office 609-25 th Street E	\$100
<input type="checkbox"/> Adult Recreation/Respite Club (Ages 20-26)	Saturdays, 1:00 – 2:00pm January 14 to March 10, 2012 (8 weeks) No Program on February 25	1 st afternoon at Eastview Bowl 2929 Louise Street	\$100
<input type="checkbox"/> Strength Training	Mondays, 7:00 – 8:00 pm January 9 to March 5, 2012 (8 weeks) No Program on February 20	YMCA (Main Floor Fitness Room) 25 22 nd Street E	\$80
<input type="checkbox"/> Structured Swimming	Indicate Preference (Check Box) <input type="checkbox"/> Saturdays, 12:45 – 1:35 pm (Ages 4 - 9) <input type="checkbox"/> Saturdays, 1:35 – 2:25 pm (Ages 10 - 13) <input type="checkbox"/> Saturdays, 2:25 – 3:15 pm (Ages 14 - 19) January 14 to March 10, 2012 (8 weeks) No Program on February 25 50 minute swim lessons	YWCA (Pool) 510 25 th Street E	\$100
<input type="checkbox"/> Swimming for Leisure	Indicate Preference (Check Box) <input type="checkbox"/> Sundays, 5:45 – 6:45 pm (Ages 4 - 11) <input type="checkbox"/> Sundays, 6:45 – 7:45 pm (Ages 12 - 19) January 15 to March 11, 2012 (8 weeks) No Program on February 19 60 minute swim sessions	YWCA (Pool) 510 25 th Street E	\$60
<input type="checkbox"/> Music Therapy (Session #1)	Indicate Preference (Check Box) <input type="checkbox"/> Wednesdays , Preference 1 st _____ 2 nd _____ Please select from the following times: 4:00, 4:30, 5:00, 6:30, 7:00 January 11 to February 15, 2012 (6 weeks)	Ms. Hoeff's Music Studio 2417 Clarence Ave S	\$60

<input type="checkbox"/> Music Therapy (Session #2)	Indicate Preference (Check Box) <input type="checkbox"/> Wednesdays , Preference 1 st _____ 2 nd _____ Please select from the following times: 4:00, 4:30, 5:00, 6:30, 7:00 February 29 to April 4, 2012 (6 weeks)	Ms. Hoefft's Music Studio 2417 Clarence Ave S	\$60
<input type="checkbox"/> I Can be the Boss of Me: A Play-Based Social Skills Group (Ages 7 – 8)	Mondays, 4:30 – 5:30 pm January 30 to March 26, 2012 (6 weeks) No Program on February 20	Autism Services 609 – 25 th St E	\$100
<input type="checkbox"/> Friendship Skills Level 1 (Ages 8 -12)	Wednesdays, 5:45 – 6:45 pm January 11 to February 15, 2012 (6 weeks)	Autism Services 609 – 25 th St E	\$100
<input type="checkbox"/> Friendship Skills Level 2 (Ages 10-14)	Wednesdays, 7:00 – 8:00 pm January 11 to February 15, 2012 (6 weeks)	Autism Services 609 – 25 th St E	\$100
Total Number of Programs Requested: _____		Total Amount for Requested Programs: \$	

Registration Deadline: Friday, December 14th, 2012 by 4:00 pm. All completed application forms together with payment must be received in our office by **this time**.

Please complete the *Appendix A Participant Information* if you are registering your child for **Swimming, Bowling or Music Therapy**. If you are registering your child for **Young-Teen, Teen, and Adult Clubs, Strength Training, or Friendship Skills** please fill out the Information Sheet for that specific program.

<p>Payment Information</p> <p>Please provide payment information: (Note: payment will not be processed until program placement is confirmed).</p> <p>Cheque: Please provide us with a separate cheque for each program.</p> <p>1. _____ for _____ \$ _____ (Cheque #) (Name of Program) (Fee Amt)</p> <p>2. _____ for _____ \$ _____ (Cheque #) (Name of Program) (Fee Amt)</p> <p>3. _____ for _____ \$ _____ (Cheque #) (Name of Program) (Fee Amt)</p> <p>or,</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Amount : \$ _____</p> <p>Name on Card (please print): _____</p> <p>Card No: _____ / _____ / _____ / _____ Exp. date _____ / _____</p> <p>Cardholder's Signature: _____</p>	<p>For office use only: Receipt(s) No.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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