Family Programs Registration

Celebrating 40 years 2019
Autism Services of Saskatoon

EMAIL (PDF forms accepted only!) to *registration@autismservices.ca*
DROP-OFF or **MAIL** to **209 Fairmont Dr. Saskatoon SK, S7M 5B8**

Deadline for Financial Assistance applications is 4pm Wednesday May 15, 2019
Deadline for all applications is **4**pm **Wednesday May 22, 2019**

Our services and programs are for members only. Please contact our offices at 306-665-7013 to become a member.
Are you a Member?   Yes   No   Name of AIP Consultant:_____

Membership Information

CLIENT NAME: _____ AGE: _____ BIRTHDAY: _____ MALE   FEMALE

MOTHER/GUARDIAN 1: _____ FATHER/GUARDIAN 2: _____

ADDRESS:_____ CITY:_____ POSTAL CODE:_____

EMAIL ADDRESS:_____ Autism Services uses email as our primary
form of contact. By not providing an address you may miss out on important information.

HOME PHONE:_____   EMERGENCY CONTACT:_____

MOM'S CELL PHONE:_____   EMERGENCY PHONE:_____

DAD'S CELL PHONE:_____   RELATION TO CLIENT:_____

Participant Health Information

THE CLIENT IS   DIAGNOSED WITH ASD   ON A WAITING LIST FOR AN AUTISM DIAGNOSIS
ALLERGIES:_____   CLIENT CARRIES AN EPI PEN: YES   NO
CARRIES MEDICATION   YES   NO
IS MEDICATION TO BE GIVEN DURING PROGRAM?   YES   NO   *PLEASE ATTACH MEDICATION FORM
OTHER MEDICAL DIAGNOSIS:_____

Media Release Authorization

From time to time, we take photos and videos of our programs to use for promotional purposes. By not initializing the box, I acknowledge and agree that Autism Services of Saskatoon, Inc. may use photographs or videos of programming and the participants therein for promotional purposes.

I do not want my child's photos or videos to be used for promotional purposes   [ ]
Initials

THIS WAIVER MUST BE SIGNED IN ORDER FOR THIS REGISTRATION APPLICATION TO BE PROCESSED

In the consideration of the acceptance of my application or that of the minor, whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by Autism Services of Saskatoon Inc. I hereby waive and forever discharge the Corporation of Autism Services of Saskatoon Inc., its employees, agents, officers and elected officials from all claims, damages, costs and expenses with respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in programming in any location where programming is being held (e.g. fields trips, public places, etc.). I also acknowledge and agree to the Family Program Policies outlined in this document.

SIGNATURE:_____ DATE: _____

PLEASE NOTE:

All program registration is on a first come, first serve basis with limited space available. Some programs may fill up prior to the last day of registration so get your completed registration forms into us as soon as possible!

TO REGISTER: Use the Family Program Registration Form and complete a Participant Information Form.
(If you child attended a Winter 2019 or Spring 2019 Family or AIP Program, we do not require a new Participant Info form.)

NOTE: If you are applying for Financial Assistance, once approved, we will cover program fees for up to 2 programs/sessions.

Program, Age & Time	Dates	Location	Program Fee
Adult Club (6 weeks) **Ages 19+** **Thursdays, 6:30-8:30**	**July 4th-Aug 8th, 2019**	**Location will change weekly** *Schedule will be emailed	$120
Learn to Golf (4 weeks) **Ages 13-18** **Sundays 5:00-6:00 pm** ***Registration Deadline for Learn to Golf is Fri May 24th.**	Skill Learning: **June 2, 9, 23** Game day: **June 30** (5-7 pm) *If bad weather for June 30, July 7th will be the back-up game day.	**Wildwood Golf Course** 4050 8th Street East	$100
Summer Playtime **Ages 3-6** **9:30 am-12:30 pm**	You may register for up to 1 week total **July 2-5 (Tu-F)** **July 15-19 (M-F)** **July 29-Aug 2 (M-F)** **Aug 12-Aug 16 (M-F)**	**Autism Services** 209 Fairmont Drive	Week 1: $120 Week 2: $150 Week 3: $150 Week 4: $150
Fun in the City **Ages 7-19** **8:45 am – 3:15 pm** **Day camp for clients who require <u>lower levels</u> of staff support.**	You may register for up to 3 weeks total **July 2-5 (Tu-F)** **July 15-19 (M-F)** **July 29-Aug 2 (M-F)** **Aug 12-Aug 15 (M-Th)**	**TBD**	Week 1: $300 Week 2: $375 Week 3: $375 Week 4: $300
Summer Adventure **Ages 7-19** **8:45 am – 3:15 pm** **Day camp for clients who require <u>higher levels</u> of staff support.**	You may register for all 3 weeks if desired. **July 8-12 (M-F)** **July 22-26 (M-F)** **Aug 6-9 (Tu-F)**	**TBD**	Week 1: $375 Week 2: $375 Week 3: $300

Registration: There will be no make up sessions/refunds offered for missed programs during the session. If there are any outstanding fees owed to Autism Services on your account, we will require these fees to be cleared prior to registering your child in our upcoming program sessions. Program spaces are limited and payment is required upon registration for all programs and must be paid for in full prior to the program starting. A client cannot attend a registered program until registration forms have been received & processed by the Family Program department and a confirmation has been emailed/mailed to you. **We ask all parents to confirm that their registration form was received by us after submission.**

Refunds: A $15 Administration Fee will be charged for all cancellations. If you need to cancel your child's registration, full refunds (excluding the $15 Administration fee) are available up to one week prior to the program start date. After that time, full refunds (excluding the $15 Administration Fee) will only be issued at the discretion of the Director of Family Programs. No refunds will be given after the program ends. All refund requests must be made in writing (email is preferred).

Parents: If you are off site while your child is attending an Autism Services program, we ask that you are available to be reached by phone during program hours. If you will be unavailable to be reached during program hours, we ask that you provide us with an alternate emergency contact.

Clients: Autism Services promotes an inclusive environment with safety being our number one priority. Bullying, swearing and taunting will not be tolerated and may result in withdrawal from the program at the Director of Family Programs discretion and on a case-by-case basis.

[ ]
Initials
I have read and understand the above policies.

FINANCIAL OPTIONS (Only available for Program Fees over $50)

These are optional. You may choose to apply for financial assistance. And for Day Camp, you may request us to direct bill CDS

I am requesting Financial Assistance this session. I am aware that my completed Financial Assistance application Including copies of both parents 2018 Notice of Assessments along with copies of both parents 2 most recent pay stubs are required to be submitted no later than the program deadline. If my application is not approved, I understand that it is my responsibility to pay all program fees in full immediately for my child to participate in the program(s) requested.

*<u>VERY IMPORTANAT</u>: If you choose this option, only forms with a completed *Financial Assistance Application* and the necessary accompanying documents will be accepted as completed registrations. Any incomplete application <u>will not</u> be processed.

[ ]
Initials
By initialing this box, you are agreeing to the terms outlined above for requesting Financial Assistance from us.

*Attach: 1. <u>Both Parents two most recent paystubs</u>   2. <u>Both Parents Notice of Assessments</u>   3. <u>Financial Assistance Form</u>

Direct Bill CDS *Note Only able to Direct bill for <u>Day Camp Fees Only</u>.

If you choose this option you must do the following and attach documents to your registration form:
1. Provide us with a copy of your current approval letter for funding from CDS for your file.
2. Provide us with a copy of an email sent to you directly from CDS stating that CDS will cover the Cost in full for the day camp you are requesting us to direct bill. We require this email confirmation because we do not know how much of your total annual funding has already been spent for your child up to this point. This ensures your day camp is paid in full prior to your child attending.

*<u>VERY IMPORTANT</u>: Administration <u>will not</u> accept your registration as complete until we receive both items outlined above attached to your registration form in place of your form of payment for day camp. Day camp spots fill up quickly so be sure to submit everything as soon as possible.

[ ]
Initials
By initialing this box, you are agreeing to the terms outlined above for requesting us to direct bill CDS on your behalf.

PAYMENT INFORMATION

PARENT/GUARDIAN: _____ CLIENT: _____

PLEASE SELECT A PAYMENT METHOD   **CREDIT CARD**   **CHEQUE**   **CASH**

*Please note: if membership fees are due within session you must pay before your application will be accepted.

Items	Chq#	AMOUNT
Membership Fees		
Program 1		
Program 2		
Program 3		
Make a donation		
TOTAL FEES		

I authorize Autism services of Saskatoon to charge my:

Visa   MasterCard

Credit Card #: _____ _____ _____ _____

Expiry Date: ____/_____   CVD #: _____ (3 digits on back)

Name as it appears on card:_____

Cardholder Signature:_____

*PAYMENT BY CHEQUE.
Please provide us with a separate cheque for each program registered. That way if you are not able to get your child into multiple programs as requested this will save you the hassle of having to fill out a new cheque.

FOR OFFICE USE ONLY

DEPARTMENT						
Program Name	**Parent Fee**	**Financial Assistance**	**CDS (camps only)**	**Mship Fee**	**Social Services**	**Total**
TOTAL						

NOTES
Registration Submitted / Completed Dates: _____&_____
Refund Issued – Reason:

Financial Assistance Approved: _____% coverage.

GP Code:
_____

Trans ID:

_____

Ref #'s:

_____

ADMINISTRATION

Sales Receipt Issued
Receipt: #_____
Amount: $_____
Date:_____
Admin Initials:_____

Refund Issued
Receipt: #_____
Amount: $_____
Date:_____
Admin Initials:_____

Invoice Issued
Invoice: #_____
Amount: $_____
Date:_____
Admin Initials:_____

Membership
Current or Expired
Date Due:_____
Invoice: #_____
Amount: $_____
Date:_____
Admin Initials:_____

Date Completed and Recorded