



Kindergarten Transition Registration

EMAIL to registration@autismservices.ca

DROP-OFF or MAIL to

209 Fairmont Dr. Saskatoon SK, S7M 5B8

Deadline Financial assistance applications: 4 PM Wednesday, May 15, 2019

Deadline for all applications is 4 PM Wednesday, May 22, 2019

Are you a Member? Yes No Name of AIP Consultant (if applicable): _____

Participant Registration Information

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

THIS CHILD has ASD diagnosis? on WAIT LIST for ASD diagnosis? Neurotypical Child (No ASD Diagnosis)

CLIENT CARRIES AN EPI PEN: YES NO

*IS MEDICATION TO BE GIVEN DURING PROGRAM? YES NO *Please attach medication instructions

SASK HEALTH #: _____ ALLERGIES: _____

OTHER MEDICAL DIAGNOSES: _____

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/youths photos/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: _____

The Kindergarten Transition Group is designed to meet the needs of our clients diagnosed with ASD who are entering a kindergarten classroom in the fall of 2019. The requirements that need to be met to be accepted into this group are as follows:

1. Your child must be registered to start Kindergarten in the fall of 2019.
2. Your child must be able to attend the full 4 week program.
3. Your child may be asked to attend a screening session, where our staff will evaluate the children in order to properly program for your child.
4. Autism Services requires that both a Registration Form and a Participant Information Form are filled out and handed in along with the total fees owed no later than Wednesday, May 22, 2019.

The program will be run based on the principles of Applied Behaviour Analysis (ABA). ABA is simply the application of behavioral principles, to everyday situations, that will, over time, increase or decrease targeted behaviors. ABA has been used to help individuals acquire many different skills, such as language skills, self-help skills, and play skills; in addition, these principles can help to decrease maladaptive behaviors such as aggression, self-stimulatory behaviors, and self-injury.

In anticipation of a large number of applications for this program and a limited capacity, all the children who meet the acceptance criteria above may not be accepted into the program.

Please have applications handed in to Autism Services no later than Wednesday, May 22 at 4:00 pm. Please have applications addressed to Desirae Boutin – Interim Director of the ABA Little Tots Program.

Program Details:

- Dates:** July 29—August 23, 2019
- Days:** Monday to Friday
- Times:** 8:45 AM—12:00 PM (*this will include snack time so please pack a snack every day*)
- *Location:** Elim Church, 419 Slimmon Rd, Saskatoon (*exception: Aug 8 & 9 location TBD)

PAYMENT INFORMATION	
TOTAL FEES OWED: _____ \$30 for neurotypical children \$300 for child with ASD	
<p>Cash Cheque # _____ VISA MasterCard</p> <p>Please make cheques payable to <i>Autism Services of Saskatoon</i></p> <p><input type="checkbox"/> I am requesting Financial Assistance to fund programming and/or membership this term.</p> <p><input type="checkbox"/> Bill to Cognitive Disabilities Strategies (CDS)</p> <p><input type="checkbox"/> Bill to Social Services</p> <p>Worker name: _____</p>	<p>I authorize Autism Services of Saskatoon to charge my:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p> <p>Credit Card #: _____ Exp. Date: _____</p> <p>Cardholder Name: _____</p> <p>Cardholder Signature: _____</p>
FOR OFFICE USE ONLY	
<p><input type="checkbox"/> Registration Complete</p> <p><input type="checkbox"/> Confirmation sent to parents</p>	
Invoice/Receipt #: _____	GP Code: _____