

# AIP/MHWT Registration Fall 2019

Celebrating 40 years



Email: registration@autismservices.ca (PDF forms accepted only!)

Drop Off/Mail: 209 Fairmont Dr. Saskatoon, SK – S7M 5B8

Deadline for Financial Assistance Applications: Thursday, August 29<sup>th</sup> at 4pm

Deadline for All Registration Forms/Applications: Thursday, August 29<sup>th</sup> at 4pm

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 (if assigned): \_\_\_\_\_

**\* Please Print Neatly \***

## Membership Information

CLIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ 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 \*IF YES, 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.



Initials

I do not want my child/youths photos/videos to be used for promotional purposes

## 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 AIP/MHWT Program Policies outlined in this document.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## AIP/MHWT POLICIES

**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 AIP/MHWT 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 refunds. 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 AIP. 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 AIP's discretion and on a case-by- case basis.

Initials

I have read and understand the above policies:

## FINANCIAL ASSISTANCE OPTION (Only available for Program Fees over \$50)

**These are optional for families that are eligible:**

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.

**\*VERY IMPORTANT:** 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 will not be processed.

Initials

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



**\*Attach with your registration**

- 1. Two most recent paystubs**
- 2. Both parents' Notice of Assessments**
- 3. Financial Assistance Form**

If other funding option for this client is available (e.g. through Social Services), please contact admin at (306) 665-7013 x0 or [admin@autismservices.ca](mailto:admin@autismservices.ca) and your inquiry will be directed accordingly.

Please note: CDS funding for programs is available for day camps only.

## AIP/MHWT Programs – Fall 2019

All program registration is on a first come, first served basis. 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 AIP/MHWT Programs Registration form and complete a Participant Information Form. (If your child attended any Winter, Spring or Summer 2019 Autism Services' program which required this form, we do not require a new Participant Info form as we keep them on file for the year.)

**Note:** if you are applying for Financial Assistance, once approved, we will cover any program fees for up to 2 programs/sessions.

Program Information	Dates & Times	Location	Program Fee
<p><b>Parent Management Training PMT</b> <i>For parents of children 0 – 5 years</i></p> <p><b>Yes, childcare is required</b> (The AIP Childcare request form must be included with registration.)</p>	<p><u>Mandatory Training</u> Tuesdays, Sep 10 – Oct 1 9:30 am – 12:00 pm</p> <p><u>PMT Classes</u> Tuesdays, Oct 8 – Nov 5 9:30 am – 11:30 am</p>	<p>Autism Services 209 Fairmont Drive</p>	<p>\$30</p>
<p><b>Parent Management Training PMT</b> <i>For parents of children 6 – 19 years</i></p> <p><b>Yes, childcare is required</b> (The AIP Childcare request form must be included with registration.)</p>	<p><u>Mandatory Training</u> Wednesday, Sep 25 5:30 pm – 8:30 pm</p> <p><u>PMT Classes</u> Wednesdays, Oct 2 – Dec 4 (No Class on Oct 30) 5:30 pm – 7:30 pm</p>	<p>Autism Services 209 Fairmont Drive</p>	<p>\$75</p>
<p><b>Seeing Red</b> Program for individuals with ASD to work on anger-management. 8 – 12 years</p>	<p>Wednesdays Sept 25 – Dec 4 (No Class on Oct 30) 5:30 pm – 7:00 pm</p>	<p>Autism Services 209 Fairmont Drive</p>	<p>\$75</p>
<p><b>Young Adult Society (Formerly known as Man Cave)</b> Program for males with ASD 12 – 18 years</p>	<p>Tuesdays Sept 24 – Nov 26 5:00 pm – 6:30 pm</p>	<p>Autism Services 209 Fairmont Drive</p>	<p>\$75</p>

## PAYMENT INFORMATION

\* Please Print Neatly \*

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	CK#	AMOUNT
Membership Fees		
Program 1		
Program 2		
Program 3		
Program 4		
Make a donation		
<b>TOTAL FEES</b>		

**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
<b>TOTAL</b>						

**OFFICE 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: \_\_\_\_\_