

Autism Services Spring Registration 2020



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

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

Deadline for Financial Assistance Applications: Thursday, March 19th at 4pm

Deadline for All Registration Forms/Applications: Thursday, March 19th 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? NO YES Name of A.I.P. Consultant (If Assigned): _____

Membership Information

* Please Print Neatly *

CLIENT NAME: _____ AGE: _____ DATE OF BIRTH: _____ MALE: FEMALE:
MOTHER/GUARDIAN 1: _____ FATHER/GUARDIAN 2: _____
ADDRESS: _____ CITY: _____ POSTAL CODE: _____
EMAIL ADDRESS(ES): _____

Autism Services uses email as our primary form of contact, by not providing an email 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 ON A WAITING LIST FOR AN AUTISM DIAGNOSIS
ALLERGIES: _____ CLIENT CARRIES AN EPI PEN: NO YES
CARRIES MEDICATION NO YES
IS MEDICATION TO BE GIVEN DURING PROGRAM? NO YES *IF YES, PLEASE FILL OUT A CONSENT FOR MEDICATION ADMINISTRATION FORM
OTHER MEDICAL DIAGNOSIS: _____

Media Release Authorization

From time to time, we take photos and videos at our programs to use for promotional purposes. Having these photos and videos allows us to post online to our website or Facebook page for the public to see some of the services and programming that we have to offer to our membership. Please check off the option below that best fits your stance on the use of your child/youth/adult's photos/videos for promotional purposes:

I **DO** permit the use of my child/youth/adult's photos/videos for promotional purposes

I **DO NOT** permit the use of my child/youth/adult's photos/videos 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 Family Program Policies outlined in this document.

SIGNATURE: _____ DATE: _____

PROGRAM POLICIES

Registration: If there are any outstanding fees owed to Autism Services on your account, we will require these fees to be paid in full 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: There will be no make-up sessions/refunds offered for missed programs during the session. 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 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. Bully, 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.

By initialing this box, you are informing us that you have read and fully understand the policies above

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FINANCIAL ASSISTANCE OPTIONS

Financial Assistance

***Note:** Only available for program fees over \$60.00 & you may choose to apply for assistance for up to two programs per department or for day camp

I am requesting Financial Assistance this program session. I am aware that my completed Financial Assistance Application Including copies of both parent(s)/guardian(s) 2018 OR 2019 Notice of Assessments & along with copies of both parents 2 most recent pay stubs are required to be submitted no later than the registration 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/adult to participate in the program(s) requested.

***VERY IMPORTANT:** If you choose this option, only registration 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.

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

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***Please Attach: 1. Two most recent paystubs 2. Parent(s) 2019 Notice of Assessment(s) 3. Financial Assistance Form**

Direct Bill CDS ***Note:** Only able to Direct bill for Day Camp Fees Only.

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.

***VERY IMPORTANT:** Administration will not 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.

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

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Family Programs – Spring Programs 2020

All program registration is on a first come, first served basis. Some programs may fill up before the last day of registration, so get your completed registration forms into us as soon as possible to secure a spot!

What Forms Need to be Included?:

1. An **Autism Services of Saskatoon Registration Form** (one per client)
2. A **Participant Information Form** (If you filled out one for Winter 2020 programs, you do not need to fill out another as the original will stay on file until December 31/2020)
3. Registering for Day Camp? Fill out a **Day Camp Form** (If you filled out one for February Day Camp, you do not need to fill out another as the original will stay on file until December 31/2020)
4. Registering for Swimming Lessons? Fill out a **Swim Form**
5. Need Financial Assistance? Fill out a **Financial Assistance Application** and include all necessary financial documents (see Financial Assistance application for more information)

Program Information	Dates & Times	Location	Cost
<u>Art Therapy</u> Jill Scott Wednesdays & Fridays Ages: 6-17 years old 1 hr. session	<u>Wednesdays:</u> April 29 – June 3/2020 4pm 5pm 6pm	836 3rd Ave North	\$270
	<u>Fridays:</u> May 1 – June 5/2020 4pm 5pm 6pm	836 3rd Ave North	\$270
<u>Music Therapy</u> Rebecca Bilodeau/Leanne Hoeft Ages: 3-19 years old 30 min sessions	<u>Tuesdays:</u> April 28 – June 2/2020 4:30pm 5:00pm 5:30pm 6:00pm 6:30pm	46 Weir Crescent	\$150
<u>Strength Training</u> Ages: 13-25 years old 1 hr. 15 min session	<u>Tuesdays:</u> April 28 – June 2/2020 6:30 – 7:45pm	YMCA of Saskatoon 25 – 22 nd Street E	\$90
<u>Bowling</u> Ages: 5-19 years old 40 min sessions	<u>Tuesdays:</u> April 28 – June 2/2020 6pm-6:40pm (5-12) 6:50pm-7:30pm (13-19)	Eastview Bowl 2929 Louise Street	\$75
<u>Dance Classes</u> Ages: 4-12 years old 30 & 50 min sessions	<u>Saturdays:</u> April 25 – June 6/2020 <u>No program:</u> May 16/2020 1pm-1:30pm (4-7) 1:40pm-2:30pm (8-12)	Dance Saskatchewan 309 Fairmont Drive	\$120
<u>Youth Social Club</u> Ages: 11-18 years old 2 hr. long program	<u>Thursdays:</u> April 30 – June 4/2020 6:30pm – 8:30pm	<u>To Be Determined</u> Schedule will be emailed a week before the first day	\$120

Program Information	Dates & Times	Location	Cost
<u>Adult Social Club</u> Ages: 19+ 2 hr. long program	<u>Fridays:</u> May 1 – June 5/2020 6:30pm – 8:30pm	<u>To Be Determined</u> Schedule will be emailed a week before the first day	\$120
<u>Gymnastics – Fun In The Gym</u> Ages: 4-19 years old 50 min sessions (Unstructured)	<u>Saturdays:</u> April 25 – June 6/2020 <u>No program:</u> May 16/2020 5:30-6:20pm (4-6) 6:30-7:20pm (7-9)	Can-Am Gymnastics 3701 Mitchelmore Ave	\$120
<u>Gymnastics – Exploring Gymnastics</u> Ages: 4-19 years old 50 min sessions * Instruction by a Can-Am Coach	<u>Saturdays:</u> April 25 – June 6/2020 <u>No program:</u> May 16/2020 6:30-7:20pm (7-9) 7:30-8:20pm (10-19)	Can-Am Gymnastics 3701 Mitchelmore Ave	\$120
<u>Semi-Private Swim Lessons</u> Ages: 4+ 30 min sessions	<u>Saturdays:</u> April 25 – June 6/2020 <u>No program:</u> May 16/2020 9:30-10am 10-10:30am 10:30-11am	YMCA of Saskatoon 25 – 22 nd Street E	\$135
<u>Structured Swim Lessons</u> Ages: 4-19 years old 40 min sessions	<u>Sundays:</u> April 26 – June 7/2020 <u>No program:</u> May 17/2020 4:15-4:55pm 5:00-5:40pm 5:45-6:25pm	<u>To Be Determined</u> Parent Package & Activity Schedule will be emailed a week prior to the first day of camp	\$135
<u>Easter Day Camp</u> Ages: 8-19 years old Full Day Camp	<u>Tuesday - Friday</u> April 14 – 17/2020 8:45am – 3:15pm	Confederation Park Community School 3555 John A. MacDonald Rd.	\$350

If you have any questions in regards of the Family Programs – Spring 2020 programs please contact:

Alex Scott - alex.scott@autismservices.ca

OR

Amanda Kasmar - amanda.kasmar@autismservices.ca

Autism Intervention Program (A.I.P.) – Spring Programs 2020

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: Complete an Autism Services Spring 2020 registration form and a Participant Information Form. If you completed a Participant Information Form for Winter 2020 programs, you do not need to fill out another as the original will stay on file until December 31/2020. If registering for childcare with a class, please include the AIP Childcare form. If you are applying for financial assistance, once approved we will cover any program fees for up to 2 programs per session.

Please Note: Please speak with your AIP Consultant before registering in any AIP group programs.

Program Information	Dates & Times	Location	Cost
<p><u>Parent Management Training (PMT)</u> For parents who have children ages 0 – 5 years old</p> <p>Yes, childcare is needed (The AIP/MHWT Childcare request form must be included with registration)</p>	<p>Mandatory Training: Online version released on May 1/2020. Parents have until May 19/2020 to complete online modules.</p> <p style="text-align: center;"><u>Tuesdays:</u> May 26 – June 23/2020 9:30am – 11am</p>	Autism Services 209 Fairmont Drive	\$75 <i>without childcare</i> or \$100 <i>with childcare</i>
<p><u>Zones of Regulation</u> Ages: 9-11 years old</p>	<p><u>Thursdays:</u> May 21 – July 9/2020 4:15 – 5:45pm</p>	Autism Services 209 Fairmont Drive	\$75
<p><u>Siblings Group</u> Ages: 8-12 years old</p>	<p><u>Wednesdays:</u> May 20 – June 24/2020 4:30-6pm</p>	Autism Services 209 Fairmont Drive	\$60
<p><u>The New Teen Network Club</u> Ages: 12-14 years old</p> <p>Please note: Clients will undergo a screening process to determine group eligibility</p>	<p><u>Tuesdays:</u> May 19 – July 7 5-6:15pm</p>	Autism Services 209 Fairmont Drive	\$75

If you have any questions in regards of the Autism Intervention Program (A.I.P.) – Spring 2020 programs please contact the program facilitator listed on the Program Guide (page 5)

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		
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)	Member-ship Fee	Social Services	Total
TOTAL						

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: _____

OFFICE NOTES:

Registration Submitted/Completed Dates: _____ & _____

Notes:

Financial Assistance Approved at: _____ % coverage.

GP Code: _____ **Trans ID:** _____ **Ref #'s:** _____