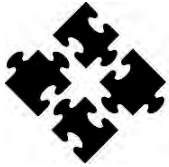


# Autism Services Summer Registration 2020



**Autism  
Services  
of Saskatoon**

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

**Mail:** 209 Fairmont Dr. Saskatoon, SK S7M 5B8

**Deadline for All Registration Forms/Applications:** Wednesday, May 27<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 Autism Consultant (If Assigned): \_\_\_\_\_

## Membership Information \* Please Print Legibly\*

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 (1) CELL PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

DAD'S (2) CELL PHONE: \_\_\_\_\_ RELATION TO CLIENT: \_\_\_\_\_

## Participant Health Information

THE CLIENT IS      DIAGNOSED      ON A WAIT 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 request & fill out 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 Autism Services' Program Policies outlined in this document.

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

## ***AUTISM SERVICES PROGRAM POLICIES***

**You must review and initial the box to indicate that you reviewed and agree to these 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 Autism Services 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. 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's discretion and on a case-by- case basis.

### **INITIALS HERE**

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

Initials

**\*Please Attach: 1. Two most recent paystubs 2. Parent(s)' 2018 or 2019 Notice of Assessment(s) 3. Financial Assistance Form**

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#### **Direct Bill CDS:** Available 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.
3. **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.

Initials

## Family Programs – Summer 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. Need Financial Assistance? Fill out a **Financial Assistance Application** and include all necessary financial documents (see Financial Assistance application for more information)

If you have any question about Summer 2020 Family Programs, please contact Alex Scott at alex.scott@autismservices.ca

| Program Information   | Dates & Times  | Location  | Cost   |
|---|--|---|--|
| <p><b><u>Summer Playtime</u></b><br/>Ages: 3-6 years<br/>3 hours per day<br/>Choose week(s) desired</p>                 | <p>Monday to Friday<br/>*Tuesday to Friday<br/>**Monday to Thursday</p> <p>July 6-10 9:30am-12:30pm<br/>July 20-24 9:30am-12:30pm<br/>*August 4-7 9:30am-12:30pm<br/>**August 17-20 9:30am-12:30pm</p> | Autism Services                                   | <p>Wk 1: \$150<br/>Wk 2: \$150<br/>Wk 3: \$120<br/>Wk 4: \$120</p> |
| <p><b><u>Summer Adventure</u></b><br/>Ages: 7-18 years old<br/>Full Day Camps<br/>Choose week(s) desired</p>            | <p>Monday to Friday</p> <p>July 13-17 8:45am-3:15pm<br/>July 27-31 8:45am-3:15pm<br/>August 10-14 8:45am-3:15pm</p>  | To be determined                                  | <p>Wk 1: \$375<br/>Wk 2: \$375<br/>Wk 3: \$375</p>                 |
| <p><b><u>Fun in the City</u></b><br/>Ages: 7-18 years old<br/>Full Day Camps<br/>Choose week(s) desired</p>             | <p>Monday to Friday<br/>*Tuesday to Friday<br/>**Monday to Thursday</p> <p>July 6-10 8:45am-3:15pm<br/>July 20-24 8:45am-3:15pm<br/>*August 4-7 8:45am-3:15pm<br/>**August 17-20 8:45 am-3:15pm</p>    | To be determined                                  | <p>Wk 1: \$375<br/>Wk 2: \$375<br/>Wk 3: \$300<br/>Wk 4: \$300</p> |
| <p><b><u>Adult Club</u></b><br/>Ages: 19+ years<br/>6 weeks</p>   | <p>Thursdays</p> <p>July 9-August 13<br/>6:30-8:30 pm</p>  | To be determined                                  | \$120  |
| <p><b><u>Learn to Golf Lessons</u></b><br/>Ages: 11-18 years old<br/>60 min sessions<br/>1 session/week for 4 weeks</p> | <p>**Postponed**<br/>Possible August or September dates</p> <p>Proposed times:<br/>6:00-7:00 pm (1<sup>st</sup> 3 sessions)<br/>6:00-8:00 pm (Final, game day)</p>                                     | Wildwood Golf Course<br>4050 8 <sup>th</sup> St E | \$100  |

## Autism Intervention Program (A.I.P.) & Mental Health and Wellness Team (MHWT) Summer 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 or Spring 2020 programs, you do not need to fill out another as the original will stay on file until December 31/2020)
3. Need Financial Assistance? Fill out a **Financial Assistance Application** and include all necessary financial documents (see Financial Assistance application for more information)

**Note:** Please communicate with your assigned Autism Consultant before registering in any AIP group programs.

If you have any questions about AIP/MHWT programs, please contact the facilitator listed for the program or Eileen Deswiage at [eileen.deswiage@autismservices.ca](mailto:eileen.deswiage@autismservices.ca).

| Program Information   | Dates & Times  | Location  | Cost   |
|---|--|---|--|
| <p><b><u>Parent Management Training (PMT)</u></b><br/>For parents who have children ages 0 - 5 years old</p>  | <p><b>Indicate 1, 2, &amp; 3 choice:</b><br/> <b>PMT Morning Group</b><br/>Tuesdays, June 23 -July 21<br/>9:30am – 11:00 am</p> <p><b>PMT Afternoon Group</b><br/>Thursdays, June 25—July 23<br/>2:30 pm—4:30 pm</p> <p><b>PMT Evening Group (Online)</b><br/>Dates: TBD<br/>5:30 pm - 7:30 pm</p> | <p><b>Morning/Afternoon</b><br/>Autism Services<br/>209 Fairmont Drive</p> <p><b>Evening</b><br/>Online using Zoom<br/>web conferencing<br/>app</p> | <p><b>Morning/Afternoon</b><br/>\$75</p> <p><b>Evening</b><br/>TBD</p> |
| <p><b><u>Parent Management Training (PMT)</u></b><br/>For parents who have children ages 6 – 19 years old</p>   | <p>Tuesdays, June 23 - August 25<br/>1:00 pm—3:00 pm</p>   | <p>Online using Zoom<br/>web conferencing<br/>app</p>   | <p>TBD</p>   |
| <p><b><u>New Schoolers:</u></b><br/>For children ages 4 - 5 years old</p>   | <p>July 6—July 31<br/>Mondays to Fridays<br/>(Field trips on Fridays)<br/>9:00 am – 11:30 am</p>   | <p>Autism Services<br/>209 Fairmont Drive</p>   | <p>\$375</p>   |
| <p><b><u>ASD Information Sessions</u></b><br/>**Register by email:<br/><a href="mailto:charlotte.loepky@autismservices.ca">charlotte.loepky@autismservices.ca</a> or<br/><a href="mailto:olivia.oneill@autismservices.ca">olivia.oneill@autismservices.ca</a></p> | <p><b>July 9</b> 10:00 am – 11:00 am<br/><b>Register by: July 2</b><br/><b>August 13</b> 10:00 am – 11:00 am<br/><b>Register by August 6</b></p>   | <p>Online</p>   | <p>FREE</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

Card Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CVD: \_\_\_\_\_ (3 digits on back)

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE NOTE: All Visa or Mastercard charges will appear as **BAM\* Autism of Saskatoon /Victoria BC** on your credit card statement.

**\*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 |
|              |            |                      |                  |                 |                 |       |
|              |            |                      |                  |                 |                 |       |
|              |            |                      |                  |                 |                 |       |
|              |            |                      |                  |                 |                 |       |
|              |            |                      |                  |                 |                 |       |
|              |            |                      |                  |                 |                 |       |
|              |            |                      |                  |                 |                 |       |
| <b>TOTAL</b> |            |                      |                  |                 |                 |       |

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