

# Autism Services Winter Registration 2021

AIP/MHWT



**Autism  
Services**  
of Saskatoon

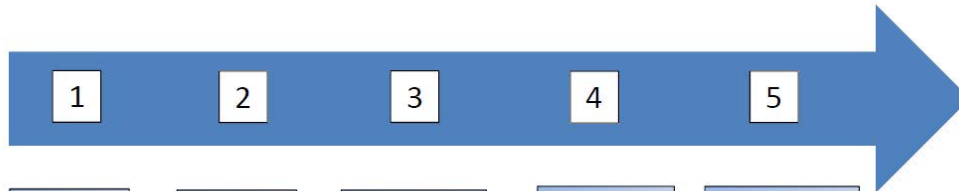
**Email:** registration@autismservices.ca (PDF forms accepted only!)

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

**Deadline for All Registration Forms/Applications: Thursday, December 3, 2020 at 4pm**

**Our services and programs are for members only. Please contact our offices at 306-665-7013 to become a member.**

## Steps to Accessing Services Through the Autism Intervention Program (AIP)



A few weeks after meeting with our Intake Coordinator, you will receive an invitation to join an ASD info session and watch our online orientation video.

You will then attend an interactive information session on Autism Spectrum Disorder (held monthly).

Once you've followed the instructions in the orientation video, you will receive the contact information for your consultant.

Once you are ready to start services, it is your responsibility to contact your consultant and set up a meeting.

At this meeting you will work with your consultant to come up with a plan for what services will look like for your child.

**\*\*You can register for group programming after your AIP Interview**

## AIP Registration Checklist

- (1)  Completed Intake Appointment.
- (2)  Watched AIP Orientation Video and emailed answers to Director of AIP, Eileen Deswiage (please note that this step is not necessary for clients assigned only to the Mental Health and Wellness Team(MHWT)).
- (3)  Met with my assigned AIP Consultant or MHWT contact.

## Membership Information

\* Please Print Neatly \*

PARTICIPANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_  
mm/dd/yyyy

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 Program Policies outlined in this document.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
mm/dd/yyyy

## 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 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:** 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 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.

**By initialing this box (required) you are informing us that you have read and fully understand the policies above.**

## Initials

### AIP/MHWT Programs – Winter 2021

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 in to us as soon as possible to secure a spot!

### What Forms Need to be Included?

1. An **AIP/MHWT Registration Form** (one per person)
2. A **Participant Information Form** (All participants need a new form submitted for Winter 2021 programming as the original will stay on file until December 31/2021).
3. **Please note that there is no option for Financial Assistance** included with this form as the costs of programs are below the \$60 minimum required for eligibility. If you still find the cost to be a barrier to participation, please contact Lauren at lauren.brandt@autismservices.ca.

## AIP/MHWT Programs – Winter 2021

**If you have any questions in regards of the AIP/MHWT programs please contact: Eileen Deswiage, Director of AIP - [eileen.deswiage@autismservices.ca](mailto:eileen.deswiage@autismservices.ca) OR Lauren Brandt, Senior Autism Consultant - [lauren.brandt@autismservices.ca](mailto:lauren.brandt@autismservices.ca)**

### MHWT Programs

Program Information	Dates & Times	Location	Cost
<b>PMT 6 - 19</b> Online training module dates - release Jan 5; complete by Jan 22 <b>Facilitator: Lauren Brandt</b> <a href="mailto:lauren.brandt@autismservices.ca">lauren.brandt@autismservices.ca</a>	<b>Tuesdays</b> 5:30pm-7:30pm January 26, 2021 - April 13, 2021 (no class February 16 and April 6)	Online (Zoom)	\$35
<b>Info Sessions 2021</b> Contact: <b>Olivia O'Neill</b> ( <a href="mailto:olivia.oneill@autismservices.ca">olivia.oneill@autismservices.ca</a> ) or <b>Charlotte Loepky</b> ( <a href="mailto:charlotte.loepky@autismservices.ca">charlotte.loepky@autismservices.ca</a> ) to register for one of the following sessions: January 14, 6:00 pm - 7:30 pm; February 11, 10:00 am - 11:30 am; March 11, 6:00 pm - 7:30 pm; April 8, 10:00 am - 11:30 am			

### AIP Programs

Program Information	Dates & Times	Location	Cost
<b>PMT 0 - 5</b> Online training module dates - release Jan 5; complete by Jan 22 <b>Facilitator: Lauren Brandt</b> <a href="mailto:lauren.brandt@autismservices.ca">lauren.brandt@autismservices.ca</a>  <i>Note: There are two date/time options. Please indicate your 1st and 2nd preference in the boxes when registering, as we may not be able to accommodate your first choice of group placement.</i>	<b>Group 1 Tuesdays</b> 9:30 am - 11:30 am January 26 - March 2, 2021 (no class February 16)  <b>Group 2 Thursdays</b> 1:00 pm - 3:00 pm March 18 - April 22, 2021 (no class April 8)	Online (Zoom)	\$25
<b>More Than Words:</b> Ages: For parents/caregivers with children under 5 years <b>Facilitator: Tessa McKibben</b> <a href="mailto:tessa.mckibben@autismservices.ca">tessa.mckibben@autismservices.ca</a>	<b>Tuesdays</b> 5:45 pm - 7:45 pm January 26 – April 13, 2021 (No group February 16 and April 6)	Online (Zoom)	\$35
<b>Minecraft - Beginner's Social Skills Group</b> 4 spots available <b>Facilitator: Jessica Morrison</b> <a href="mailto:jessica.morrison@autismservices.ca">jessica.morrison@autismservices.ca</a>	<b>Wednesdays</b> 4:30 pm-5:30 pm January 27 - March 31, 2021 (no class February 17)	Online (Zoom)	\$35
<b>Zones of Regulation</b> Ages: 9 – 11 years old <b>Facilitator: Jessica Morrison</b> <a href="mailto:jessica.morrison@autismservices.ca">jessica.morrison@autismservices.ca</a>	<b>Tuesdays</b> 4:30 pm - 5:30 pm January 26 - March 30, 2021 (no class February 16)	Online (Zoom)	\$35
<b>The New Teen Network Club</b> Ages: 12 – 14 years old <b>Facilitator: Neusha Mofazzali</b> <a href="mailto:neusha.mofazzali@autismservices.ca">neusha.mofazzali@autismservices.ca</a>	<b>Tuesdays</b> 4:00 pm-5:00 pm January 26 - April 13, 2021 (no class February 16 and April 6)	Online (Zoom)	\$35

# PAYMENT INFORMATION

\* Please Print Neatly \*

PARENT/GUARDIAN: \_\_\_\_\_ CLIENT: \_\_\_\_\_

<b>PLEASE SELECT A PAYMENT METHOD</b>	<b>CREDIT CARD</b>	<b>CHEQUE</b>
<b>PLEASE CHARGE MY MEMBERSHIP FEE</b>	<b>YES</b>	<b>NO</b>

**Please note:**

\* If paying 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. All memberships must be kept in good standing.  
 \* If your membership fee is due within this program session, you must include \$30 to renew it. (Exception: New members receive their first year of membership with us at no cost)

PAYMENT BREAKDOWN	CHQ#	AMOUNT
Program 1 Name:		
Program 2 Name:		
Program 3 Name:		
Program 4 Name:		
I'd like to make a donation:		
My mship fee is due (\$30):		
<b>TOTAL FEES =</b>		<b>\$ 0.00</b>

**I authorize Autism Services of Saskatoon to charge my:**

**Visa                      MasterCard**

Credit Card #: \_\_\_\_\_ (16 digits)

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

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

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

## FOR OFFICE USE ONLY

Program Name	DEPARTMENT					TOTAL
	Parent Fee	Financial Assistance	CDS (camps only)	Membership	Social Services	
<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: \_\_\_\_\_