

Autism Services Spring Registration 2021

AIP/MHWT



Autism Services
of Saskatoon

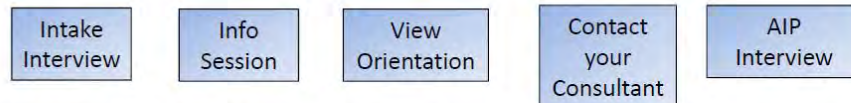
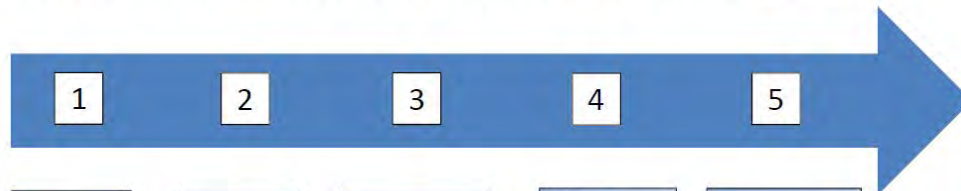
Email: aipreg@autismservices.ca (PDF forms accepted only!)

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

Deadline for All Registration Forms/Applications: Thursday, March 11, 2021 at 4 pm

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 Interim Director of AIP, Lauren Brandt lauren.brandt@autismservices.ca (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.****

Must be a relative or close friend, not a parent/caregiver already listed on form

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 – Spring 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** (If the client registered for Winter 2021 programs, we will have this form already on file for the year.
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 – Spring 2021

If you have any questions in regards of the AIP/MHWT programs please contact:

Lauren Brandt, Interim Director of AIP - lauren.brandt@autismservices.ca

Program Information	Dates & Times	Location	Cost
AIP GROUPS			
<i>Please indicate your 1st and 2nd preference in the boxes when registering, as we may not be able to accommodate your 1st choice of group placement.</i>			
Parent Management Training (PMT) For caregivers of children ages 0- 5 years Online training modules to be released Apr 19, and must be completed by May 7 Facilitators: Lauren Brandt (Daytime) lauren.brandt@autismservices.ca Faly Golshan (Evening) faly.golshan@autismservices.ca	Group 1 Tuesdays (Daytime) 9:30 am - 11:30 am May 18 - Jun 15, 2021 Group 2 Mondays (Evening) 5:00 pm - 7:00 pm May 10 - Jun 14, 2021 (no class May 24)	Online (Zoom)	\$25
Minecraft - Social Skills Group, Phase 2 Must have completed the Beginner's Minecraft Social Skills group. Must have access to Zoom and a Minecraft account. DOES NOT WORK FOR PS4. Ages: 10 - 12 years Facilitator: Jessica Morrison jessica.morrison@autismservices.ca	Wednesdays 4:30 pm - 5:30 pm May 12 - Jun 30, 2021	Online (Zoom & Minecraft Realm)	\$35
Sibling Group - For siblings of clients with ASD Ages: 9 - 12 years Facilitator: Almasa Nordstrom almasa.nordstrom@autismservices.ca	Wednesdays 4:00 pm-5:00 pm May 12 - Jun 30, 2021	Online (Zoom)	\$35
Young Adult Society Ages: 14 – 18 years Facilitator: Neusha Mofazzali neusha.mofazzali@autismservices.ca	Tuesdays 4:00 pm-5:00 pm May 11 - Jun 29, 2021	Online (Zoom)	\$35
MHWT GROUPS			
<i>There will be a screening process for interested individuals to determine suitability for this group.</i>			
PEERS for Young Adults Ages: 18+ years Facilitators: Charlotte Loepky charlotte.loepky@autismservices.ca Olivia O'Neill olivia.oneill@autismservices.ca	Wednesdays 6:00 pm - 7:30 pm April 28 - Jun 30, 2021	Online (Zoom)	\$40

PAYMENT INFORMATION

* Please Print Neatly *

PARENT/GUARDIAN: _____

PARTICIPANT: _____

PLEASE SELECT A PAYMENT METHOD:
CREDIT CARD CHEQUE

PLEASE CHARGE MY MEMBERSHIP FEE IF DUE:
YES NO

Please Note: * If paying by Cheque, please provide us with a separate cheque for each program registered as we can't guarantee program availability until after registration closes.
 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):		
TOTAL FEES =		

I authorize Autism Services of Saskatoon to charge my:

Credit Card on file (You are responsible to keep us up to date with any changes to the credit card information that is on file.)
OR
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

DEPARTMENT					
Program Name	Parent Fee	Financial Assistance	CDS (camps only)	Membership Fee	TOTAL
TOTAL					

OFFICE NOTES:

Registration completed on: _____
(Date)

Notes:

Notice of Assessment already on file? YES NO

Financial Assistance Approved at: _____ % coverage.

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: _____

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