

Autism Services - Spring Registration 2021

FAMILY PROGRAMS



Email: familyreg@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 4pm

Our services and programs are for members only. Please contact our office 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 *

PARTICIPANT NAME: _____ AGE: _____ DATE OF BIRTH: _____ GENDER: _____
dd/mm/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 will miss out on important information.

Must be a relative or close friend, not a parent who is already listed on this 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. field trips, public places, etc.). I also acknowledge and agree to the Program Policies outlined in this document.

SIGNATURE: _____ DATE: _____

dd/mm/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 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. Bullying, 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.

Initials

FINANCIAL ASSISTANCE

Only Complete this section if you are unable to pay full programs fees

***Note:** We will only financially assist up to two programs per session per participant agency wide. The program fee must be a minimum of \$60.00 to qualify.

We use a blend of the financial information you provide to us and the government's Low Income Cut-Off Chart to determine eligibility.

To see this chart & read through our Frequently Asked Questions, please refer to <https://www.autismservices.ca/programs/current-family-programs/>

Name of Applicant: _____ Name of Participant: _____

This is my first time applying for Financial Assistance

I am requesting to renew my Financial Assistance application

I am applying as a: Single parent household

Double parent household

The total # of people in my household (including myself) is: _____ [This # includes: _____ Children/Youth + _____ Adults]

I am currently receiving Government Social Assistance:

Yes

No

If Yes, I have included copies of two most recent Social Assistance statements of benefits and deductions (Sask Government)

Myself

My Parter

If No, I have included copies of 2019 Notice of Assessment (Sask Government)

Myself

My Parter

I have included two most recent pay stubs of employment (If you are self-employed, see below)

Myself

My Parter

If Self-employed: You must provide a written summary of revenue for this year up until this point of submitting your application. (Similar to a revenue statement that is submitted quarterly to the Government for tax purposes)

Please list any special circumstances that should be considered:

****Additional documentation is required to be submitted for all Financial Assistance Applications.**

Program Information	Dates & Times	Location	Cost
<p><u>Adult Social Club</u> Ages: 19+ years old 2 hour class</p>	<p><u>Fridays:</u> Apr 23 - May 28 6:30 - 8:30 pm</p>	<p><i>To Be Determined</i> Schedule will be emailed out before the first day</p>	<p>\$120</p>
<p><u>Gymnastics – Fun In The Gym</u> Ages: 4 - 12 years old 45 min class (Unstructured)</p>	<p><u>Saturdays:</u> Apr 17 - May 29 (No Class: May 22)</p> <p>Note: Your child's class time will be assigned after registration closes</p> <p>5:00 - 5:45pm (4-6 yrs) 6:00 - 6:45pm (4-6 yrs) 7:00 - 7:45pm (7-12 yrs)</p>	<p>Can-Am Gymnastics 3702 Mitchelmore Ave</p>	<p>\$135</p>
<p><u>Gymnastics – Exploring Gymnastics</u> Ages: 7 - 12 years old 45 min class * Instruction by a Can-Am Coach</p>	<p><u>Saturdays:</u> Apr 17 - May 29 (No Class: May 22) 7:00 - 7:45pm (7-12 yrs)</p>	<p>Can-Am Gymnastics 3702 Mitchelmore Ave</p>	<p>\$135</p>
<p><u>Learn to Dive</u> Ages: 7 - 14 years old 1 hour class (8 week session) * Coached by the Saskatoon Diving Club</p>	<p><u>Saturdays:</u> Apr 24 - Jun 19 (No Class: May 22) 12:00 - 1:00 pm</p> <p>Prerequisite: Child must be able to swim in the deep end comfortably and independently.</p>	<p>Shaw Centre 122 Bowlt Crescent</p>	<p>\$200</p>
<p><u>Semi-Private Swim Lessons</u> Ages: 4+ years old 30 min class</p> <p>*Include your child's swim level in the designated box -></p>	<p><u>Saturdays:</u> Apr 24 - June 5 (No Class: May 22)</p> <p>Swim times will be assigned and emailed out after registration closes. Lessons run between 9:30 - 11:45 am</p> <p>Please Specify:</p> <p>My child has <u>never</u> attended a swim lesson before. My child has attended swim lessons. Their swim level is: _____</p>	<p>YMCA of Saskatoon 25 – 22nd Street E</p>	<p>\$135</p>
<p><u>Structured Swim Lessons</u> Ages: 4+ years old 40 min class</p> <p>*Include your child's swim level in the designated box -></p>	<p><u>Sundays:</u> Apr 25 - June 6 (No Class: May 23)</p> <p>Swim times will be assigned and emailed out after registration closes. Lessons run between 4:00 - 6:30 pm</p> <p>Please Specify:</p> <p>My child has <u>never</u> attended a swim lesson before. My child has attended swim lessons. Their swim level is: _____</p>	<p>YMCA of Saskatoon 25 – 22nd Street E</p>	<p>\$150</p>
<p>NOTE: Swimming Programs - Please register for only one swim program per session per participant. If you are unsure of your child's swim level, please refer to the PDF document titled "Swim Level Descriptions" located on our program registration page on our website.</p>			

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:** _____