



AIP & MHWT Registration Form - Winter 2022

Deadline to register: Friday, December 3, 2021 at 4:00 PM

Submission emailed to: aipreg@autismservices.ca

Are you a member of Autism Services? Yes No

Have you completed the AIP referral process? Yes No Unsure

If you answered no to either question, you will not be able to register for AIP or MHWT programs at this time. To become a member and be referred to the AIP program, an Intake appointment must be completed.

To schedule an intake appointment please contact: intake@autismservices.ca

PARTICIPANT INFORMATION

Participant Name (first & last):

Birthday (Month/Day/Year):

Age:

Gender: Male Female Other

Complete Address (Mail):

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:

Relation to participant:

Email:

Phone number:

Parent/Guardian #2:

Relation to participant:

Email:

Phone number:

Authorized pick up people:

List first & last names of everyone who is allowed to drop off & pick up the participant to our programs.
Please include parents, step parents, grandparents, siblings, etc.



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EMERGENCY CONTACT

Emergency contact:

Must be someone else other than the parent(s) already listed on this form (Relative, family friend, etc)

Phone number:

Relation to participant:

PARTICIPANT HEALTH INFORMATION

Participant is: Diagnosed with Autism On a wait list for an Autism diagnosis

Other medical diagnosis:

Allergies:

Carries an Epi-pen: Yes No Carries medication: Yes No

Medication given during program hours: Yes No

If participant carries medication and/or requires medication to be given to them during program hours, we will provide you with a separate Consent for Medication Administration form.

MEDIA RELEASE

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

AIP PROGRAM WAIVER

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:

WINTER 2022 PROGRAM SELECTION

All AIP & MHWT program registration is on a first come, first served basis with limited space available. Some programs may fill up prior to the last day of registration so get your completed registration forms into us as soon as possible!

Please check with your Autism Consultant before registering in any of the following programs.

[Please reference the Winter 2022 AIP & MHWT Program Guide for complete details on the following programs:](#)

PARENT MANAGEMENT TRAINING- Parent Class (0 – 5 years) \$ 25

SIBLING GROUP PROGRAM (8 – 12 years) \$ 35

SECRET AGENT SOCIETY (8 – 12 years) \$ 60

PERMA PROJECT – Parent Class (all ages) \$35

*If a program you have requested is full, we will add you to our wait list.



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PAYMENT INFORMATION

Payers Name:

Participants Name:

Total program fees: (Do not include membership fee in this total)

I am applying for Financial Assistance: Yes No

If you are applying for Financial Assistance, we require a separate application form to be submitted. Additional financial documentation will be required with the application.

Select your payment method: Visa MasterCard Cheque

If paying by credit card: My card information is already on file

I require a secure link by email to update my card information

I authorize Autism Services to charge my \$30 membership fee if due: Yes No

Please Note:

You are responsible to keep us up to date with any changes to your credit card information that is on file.
 If you need to provide us with new or updated credit card information, we can email you a secured link. This link is only usable for 4 hours once it is sent.
 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)
 We are unable to accept program payments by debit or by Visa or MasterCard debit cards.

FOR OFFICE USE ONLY

Program Name	Program Fee	Fin. Assistance	Member Fee	TOTAL
TOTAL				

OFFICE NOTES:

Registration completed on: _____/_____/_____

Notes:

Applying for FA? YES NO Application complete? YES NO
 Financial Assistance Approved at _____% coverage.

ADMINISTRATION

Sales Receipt Issued

Receipt: # _____
 Amount: \$ _____
 Date: _____/_____
 Admin IN: _____

Refund Issued

Receipt: # _____
 Amount: \$ _____
 Date: _____/_____
 Admin IN: _____

Invoice Issued

Receipt: # _____
 Amount: \$ _____
 Date: _____/_____
 Admin IN: _____

Membership

Current or Expired
 Date Due: _____/_____
 Invoice: # _____
 Amount: \$ _____
 Date: _____/_____
 Admin IN: _____