

PARTICIPANT APPLICATION FOR PA DAYS / CREATION STATION - INTAKE

Last Name First Name

Name of Parent, Guardian or Primary Care Support, relationship to applicant

Address City Postal Code

Phone (home) Phone (cell)

Date of Birth (year/month/day)

Primary Physician Name Address Phone

Alternate Emergency Contact Health Card Number

Please note that this program is suitable for students with a diagnosis of Autism, Asperger’s, or Intellectual Disabilities with the ability to communicate, function independently with a willingness to participate in group activities. Support workers may attend with individuals that require one on one support.

Weather permitting on PA Days, we may spend time outdoors in the Checkered Door Garden. Students attending the PA Days are required to bring their lunches and snacks, water bottles and indoor shoes. In addition, cell phones are NOT permitted during the activities except during “Free Time” (30 minutes a day).

(Indoor shoes are also required for evening activities)

Neurodevelopmental Disorder

Other Disorders

Autism Spectrum Disorder		Mental Health Disability (<i>specify</i>)	
Intellectual Development Disorder		Hearing Impaired	
Learning Disability		Epilepsy or Seizures <i>File additional form attached</i>	
Brain or Neurological Injury		Physical Disability (<i>specify</i>)	
Impulse Control		Medical Illness	
Other (<i>specify</i>)		Speech Difficulty	

Please check all that apply

Allergies

Please list clearly and describe possible reactions Epi-pen? Yes No

Name of Student:

Statement of Confidentiality and Release of Information Consent

The information contained in this Participant Intake Form is private and confidential and may be accessed by staff only with your signed consent. These records are intended to provide information for use in identifying barriers, needs, health and safety information and interests pertinent to the participation in Programs offered by Checkered Door Inc. Your signature of consent is requested to authorize the use of the information by staff and to provide their access to it.

I _____ (print name) consent to the release of the information provided in this document to the staff at Checkered Door Inc. I have been informed as to who will have access to my information and how it will be used. I have been informed that this information will remain private, secure and strictly confidential.

Signature of Student, Parent or Guardian

Date

Photo Consent Authorization

I _____, hereby give permission for Checkered Door Inc. to use my photograph for the purposes of display advertising, newspaper features, promotional material, Website/Facebook pages and updates to assist in the promotion of programs and services at Checkered Door Inc. and to share success stories with our community.

I _____, understand that by signing this document that my photos are being used for the above purposes cannot be removed or deleted.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Disclaimer

Although Checkered Door Inc. accepts individuals with a wide range of special needs and are success focused, it reserves the right to terminate program/service agreements under the following circumstances:

- ▶ Concern for the safety of other participants and/or staff
- ▶ Consistent inability to follow program direction, interfering in the enjoyment of others
- ▶ Please note that parent or guardian will be notified to pick up student if student seems physically or emotionally unwell