

REGISTRATION

Step by Step Learning Group Inc
Step By Step Learning Centre
Step By Step Academy.
35 Main Street South, Georgetown, Ontario, L7G 3G2
Phone: (905) 877-9600 Fax: (905) 877-9636
"Teaching children to succeed one step at a time"

- NEW REGISTRATION** **Assessment** **RE-ENROLLMENT**
Call to book your registration appointment • TEL (905) 877-9600

THE SERVICE YOU ARE INQUIRING, REGISTERING OR RE-REGISTERING FOR:

- @ Home IBI (+/- school support) Assessment (GT)
 SBSLG Academy (TO) Academic Skillbuilding (GT) Intensive Foundations (GT)
 Summer Camp- all locations Other:

- Parent Guardian

Father/Legal Guardian: Dr. Mr.

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell/Pager: _____

Email: _____

- Parent Guardian

Mother/Legal Guardian: Dr. Mrs. Ms.

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell/Pager: _____

Email: _____

Parents are: Married/Common Law Separated Divorced Single

If separated/divorced: With which parent does the child live? Father Mother Both

Information should be sent to: Father Mother Both

Are there any restrictions on either parents' or legal guardians' access/custody? Yes No

If yes, please provide details _____

Please enclose all the relevant details and documentation of your custody and access agreement which will be treated with the utmost privacy, care and respect.

Child's Information: Male Female

First Name

Last Name

Date of Birth

Current Age

If attends school: Name of School: _____

Grade: _____

The following information is required to provide the best possible intervention/assessment for your child. If there is anything in addition to the following information, about which we should be aware, please include a note with details.

Activities child enjoys: _____

Strengths/Special Skills: _____

Ability to make friends _____

Behaviour Characteristics/Personality _____

Special Needs _____

Previous Program/School Experience _____

Has your child had any developmental assessments? No Yes (please enclose reports)

Any Additional Information: _____

Emergency Contact if parent/legal guardian cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Work: _____

Cell: _____

Child Pick –Up/Release – The child will be released to the following individuals ONLY.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical/Health Information

Health Card Number _____

Doctor's Name _____ Phone _____

Does your child wear glasses? To be worn always? _____

Does your child have any life threatening allergies?

- Insect Bites Foods Animals Dust/Pollen Other

If yes, please attach a note describing their reaction and what measure should be taken if a reaction should occur.

Does your child suffer from?

- Frequent Colds Stomach Aches Seizures Fevers Asthma
 Anaphylactic Diabetes Other: _____

Is your child presently taking medication? _____

Does your child have any special needs? _____

Is your child likely to have a toileting accident? _____

Does your child have any activity restrictions? _____

Does your child have any dietary restrictions? _____

Any other medical concerns we should be aware of? _____

REGISTRATION CONDITIONS & AGREEMENT

I agree to the following

1. This application form must be signed, completed in full and accompanied with the deposit (if applicable).
2. I/We have read, understood, accept and have signed the Terms and Conditions and understand the Fee Schedule or have been explained the fee structure and payment policy. This includes terms related to refunds, cancellations, and payment obligations (if applicable).
3. That the information in this registration form is true and correct to the best of my/our knowledge.
4. I/We acknowledge that the intervention philosophy has been provided to me and reviewed at the time of registration (if applicable). All of my questions have been answered to my satisfaction and I am aware of the service(s) which my child will be participating in with SBSLG.

Date _____ Mother/Guardian Signature _____

Date _____ Father/Guardian Signature _____

Both parents must sign this Registration Form. If only one parent signs, SBSLG will assume that such parent has authority to do so and has responsibility for full payment of fees

FOR OFFICE USE ONLY

Date _____

Status of Registration: Accepted Inquiry Status

Other _____

Program Interest/Registered For _____

Registration Process Completed by _____