

Variety Village



DAY PROGRAM APPLICATION

Participant Information		Date received (Office Use Only): _____
Last Name	Given Names	Gender
Street Address	Apt.	City or Town Province
Postal Code	Date of Birth	Phone Number
Health Card Number:	Are you currently a member of Variety Village?	
Diagnosis:	Person completing form:	
Email Address:	Relationship:	

Emergency Contact Information	
Name of emergency contact #1	Phone (Home)
Relationship	Phone (Work or Cell)

Days Requesting						Fee is \$50.00 a day
	Mon	Tues	Wed	Thurs	Fri	
Please check day requesting						

Medical Information

Are there any concerns, physical, social, etc. that we should be aware of?	Yes	No
If Yes, Please Specify:		

Please List All Allergies or Sensitivities:

Do you Require Medication?	Yes	No
If Yes, Please Specify:		

Will this be administered during program?	Yes	No
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If Yes Please fill in the type of medication and time of administration	Medication:			
	Time:	:	:	:

By initialling I give Variety Village **Permission to Administer** the above mentioned medication Initial Here: _____

Do you have any varied visual abilities:	Yes	No
If Yes, Please Specify:		

Do you have any hearing difficulties:	Yes	No
If Yes, Please Specify:		

DAY PROGRAM APPLICATION continued

Medical Information continued

Do you experience seizures:	Yes	No
If Yes, Please Specify:		
Do you use a wheelchair, walker or other assistive devices?	Yes	No
If Yes, Please Specify:		

Personal Care Support

Are there any toileting concerns, physical, social, etc. that we should be aware of?	Yes	No
If Yes, Please Specify		

Education Information

Education: *(if individual is currently in school)*
 * **Please return school visit observation form with registration form**

School presently attending _____
 May we contact the school? Yes No
 Teacher's name _____
 School phone number _____

Please outline your interest in the following areas:

Mathematics: _____
 Reading: _____
 Writing: _____
 Spelling: _____
 Art and crafts: _____
 Social Skills: _____
 Health/Fitness: _____
 Money Management: _____

Transportation Information

Please outline your transportation schedule to and from Variety Village:
 Wheeltrans Taxi TTC Parent/Guardian

Please Note!

To ensure that all participants actively participate in and enjoy the day program, participants in any of the following groups must be accompanied by an attendant, support person, or caregiver provided and paid for by the family or outside organization.

- **Medically Fragile**-g tubes, trachea tubes, requiring suction, etc.
- **Physically Unable to** feed, transfer, perform personal hygiene.
- **Aggressive**- Physically or verbally.
- **Behavioural**- Unable to participate in group activities.

Parent/ Guardian will be contacted for possible registration withdrawal if it is deemed that the participant/caregiver arrangement is not working to the benefit, enjoyment or safety of the participant.

Please contact Cathy Price – (416) 699-7167 ext. 280 with any questions or concerns regarding this policy.

Please indicate below the following:

Attention & Behaviours: _____
 Attention Span: _____
 Level of Frustration: _____
 Motivation: _____
 Level of Independence: _____

DAY PROGRAM APPLICATION continued

Consent and Waiver

In consideration of my/my child's participation in daily activities, overnight excursions and day trips within the program at Variety Village, I assume all responsibility for any injury, loss, or damage which I/my child may suffer to myself/him or herself or to my/his or her property in connection with said activity. I also understand that I/my child(ren)/my family will be expected to follow the rules of Variety Village and the direction of Variety Village staff. Failure to do so may result in cancellation of membership of day program privileges. In addition, I, for myself, my child(ren), or any of my personal representatives, heirs or successors, release and discharge Variety- The Children's Charity, Variety Village and its staff from any and all claims and causes of action I may ever have in connection with the above activity and waive all rights thereto. I understand and agree that it is my responsibility to make Variety Village aware, in writing, of any medical/physical conditions that may affect participation by me/my family in daily activities, overnight excursions and day trips within the program at Variety Village. By signing below I agree to the terms set forth in the "Consent an Waiver"

Parent/Guardian Signature

Date

Photo Release (Optional)

"I also hereby give permission to Variety-The Children's Charity (Ontario), Variety Village, and all other associated organizations, associations and companies for the unrestricted right to take, use and publish my child(ren)/my family photograph, image and likeness in publications, promotional materials, website, video broadcasts, and any other communication vehicles, including electronic forms, at their discretion. Further, Variety-The Children's Charity, Variety Village and all other associated organizations, associations and companies shall have complete ownership of the photographs and images as they deem appropriate for purposes including, but not limited to, the promotion or illustration of their programs and activities. I release Variety-the Children's Charity, Variety Village and all other associated organizations, associations and companies and all of their directors, officers, employees and agents from liability claims and costs of whatever kind occurring in connection with being photographed and/or video taped or from the use of the images obtained there from."

Parent/Guardian Signature

Date