

Participant Name:	Phone:	D.O.B:
Full Address:		
Transportation Arrangements:		
<input type="checkbox"/> DARTS # (if applicable): <input type="checkbox"/> HSR <input type="checkbox"/> Other:		

Contact Name:	Phone:
Full Address <small>(if different from above):</small>	
Relationship:	Email:
Billing Name/Address <small>(if different from above):</small>	

In the Know & On the Go Selections:

Activity	Start Date	End Date	Fee

I give permission to Community Living Hamilton to take payment from CLH Administered Passport Funding. Yes No

Name: _____

Signature: _____

Total:

This program is designed for adults 18 years of age and older who can participate independently with a ratio of 1 staff to 6 participants.

For any other questions, please contact:
Suzana Serravalle, Administrative Coordinator
 Phone: 905-528-0281 x262
 Please email forms to: sserravalle@clham.com
 Or Mail: 191 York Blvd, Hamilton, ON L8R 1Y6

Please DO NOT send payment with registration form. Invoice will follow.

For office use only.

Method of payment:

Fee For Service (Direct Billing)
 Passport – Agency Services
 Other

Communication Information:	
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Gestures/ Sign Language <input type="checkbox"/> Communication system	
Medical/Behavioural Information:	
Does the client have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Does the client require behavioural re-direction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list strategies that would be helpful:	
Is there a Behaviour Support Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes please attach</small>	
We are unable to administer medication or support any medical care needs in these supported leisure programs. Are there any other needs you want us to know about (e.g. asthma, hearing, sight)?	
Allergy Information:	
Do you have life threatening allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Identify:	
Any other allergies:	
Mobility Information:	
Mobility aids? <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane(s) <input type="checkbox"/> Staff Guide <input type="checkbox"/> N/A	
Mobility/ transfer support? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes please describe</small>	
Support for personal hygiene/ toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes please explain</small>	
Assistance with eating and drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes please explain</small>	
I give permission to Community Living Hamilton to take my photograph for identifications purposes and for any promotional purpose <input type="checkbox"/> Yes <input type="checkbox"/> No	

Alternate Contact Information: (Reachable During Activity)	
Name:	Phone:
Relationship:	Work/Mobile #:
Name:	Phone:
Relationship:	Work/Mobile #:

At times our programs may be unable to accommodate every registrant.

We will contact you directly to discuss any questions or concerns.

All activities are held based on the number of registrants. Fees support staffing, transportation and other costs.

We are not able to provide a refund if registered individuals cannot attend any scheduled

In The Know or On The go sessions.