

Participant Name:	Date:
Address:	Phone:
City:	Postal Code:

Contact Name:	Phone:
Address (if different from above):	Relationship:
City:	Postal Code:
Phone:	Email:
Billing Name/Address (if different from above):	

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: _____

Total:

Signature: _____

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.

To submit Registration Form, arrange payment and for any other questions, please contact:

Kathi Soules, Manager, Community Resources

Via Email: ksoules@clham.com

Phone: 905-528-0281 x249 Fax: 905-528-5156

Or Mail: 191 York Blvd, Hamilton, ON

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

ADDITIONAL INFORMATION (Please fill out in full):

Date of Birth:	Age:
Transportation Arrangements:	
<input type="checkbox"/> DARTS # (if applicable):	<input type="checkbox"/> HSR <input type="checkbox"/> Other:
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>	
Does the client require behavioural re-direction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list strategies that would be helpful:	
Communication Information:	
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Gestures/ Sign Language <input type="checkbox"/> Communication system	
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. seizure, PRN for seizures, asthma, hearing, sight)?	
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.***