



Participant's Name \_\_\_\_\_

# KARE PLACE FOR KIDZ INC.

## Fall '24 Application Form

### PARENT INFORMATION

Parent 1/ Legal Guardian name \_\_\_\_\_

Parent 1/ Legal Guardian phone number \_\_\_\_\_ Parent 1/ Legal Guardian email \_\_\_\_\_

Parent 2/ Legal Guardian name \_\_\_\_\_

Parent 2/ Legal Guardian phone number \_\_\_\_\_ Parent 2/ Legal Guardian email \_\_\_\_\_

### STUDENT INFORMATION

Student First & Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade Level \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Student Identification \_\_\_\_\_

Please Indicate:	Communication:	Verbal	Non-verbal	
	Toileting:	Independent	Assisted	Full Support
	Mobility:	Independent	Assisted	Non-mobile

Student specific needs \_\_\_\_\_

Does your student have a Behaviour Safety Plan? If so what are his/her triggers? What actions are taken to reduce behaviour/ agitation?

### PROGRAM SESSION SELECTION

**Tuesdays and Thursdays:**

**Time: 5 pm to 8 pm**

**Wk: \$100 +HST**

**Mth: \$375 +HST**

**Saturdays Only:**

**Time: 10 am to 5 pm**

**Wk: \$115 +HST**

**Mth: \$425 +HST**

**All Three Days**

**Time: Tues & Thurs: 5pm - 8pm Sat: 10am - 5pm**

**Wk: \$200 +HST**

**Mth: \$725 +HST**

Please note any allergies and child concerns.

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