



Kare Place
For Kidz

Participant's Name _____

KARE PLACE FOR KIDZ INC. Summer '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

Days: Monday to Friday | Time: 9:00 a.m. to 3:00 p.m. | Cost: \$450+HST per week

July 2-5 July 8-12 July 15-19 August 12-16 August 19-23

Please check the desired program for your child:

3 day program (Tuesday, Thursday and Saturday)	Tuesday and Thursday only	Saturday's only	Tuesday's only	Thursday's only
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Please note any allergies and child concerns.
