

Gateways Services For Families With Special Needs

Child Summer Intake Form Family Information

Child's Name:	Parents/Guardians Name:
Child's DOB:	Phone/E-mail:
Age:	Address:
Grade:	Siblings (Name and Ages):

Medical Information

Medical Number of Child:
Diagnosis (Including hearing and visual concerns):

Child Strengths/Struggles

Strengths (Tell me about your child, what are they good at, interests):
Struggles:



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Behavioural/Sensory/Self-Regulation

Behavioural concerns (flight risk, transitions, compliance, group, attention/focus, preferences or avoidance, etc)

Social Skills

Play, skills, friends, sibling interaction, preferred play/games, play styles:

Food issues/Preferences

Notes/Comments



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Program Dates

Please circle the dates that you are wanting. We can do week or individual dates. 11am to 4pm every Tuesday, Wednesday and Thursday.

Price is \$350 a week or Pay per day rate \$35/hr.

JULY DATE

July 4th 5th 6th

July 11th 12th 13th

July 18th 19th 20th

July 25th 26th 27th

AUGUST DATE

August 1st 2nd 3rd

August 8th 9th 10th

August 15th 16th 17th

If child needs added 1 on 1 support please let us know as we will help accommodate for that

***If using Autism Funding Please inform us and as we have PTI forms**

****If using Respite we can supply a Record of Respite Expense forms**

GATEWAYS WILL PROVIDE WATER,SNACKS.

Parent Signature and Date



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ACTIVITY CONSENT FORM

I, we, the parent/ guardian of _____ agree for

him/her to participate in activities while in the care of Gateways Services.

Activities conducted may be swimming, skating, hiking, biking and other activities generally performed by this youth's peer group. The caregiver will ensure that the appropriate safety measures such as helmets and life jackets etc. Are in place.

Transportation to and from activities in support workers vehicle

Swimming

Permission for Gateways Services to take photos

Permission for community photos (newspaper, Website)

In the case of exceptional activities individual consent forms will be filled out.

Parent Signature/Date

Gateways Services Office Signature/Date



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NOTES



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