

PossAbilities in Peel - Registration Form

A program offered by Christian Horizons

Join us one Saturday of every month for a day of fun, learning and great times. Each Saturday will have a unique theme. The program runs from 10 am until 5 pm. Everyone will work together to prepare lunch, which is included in the cost. Participants must provide their own transportation to the program location at 2283 Argentia Road, Mississauga.

Fees are based on the level of support participants require and will be determined in consultation with the person and their family, see details below. Register for 1 session or register for them all.

Registration and Payment Deadline is 8 days prior to the program date. NOTE: Must have at least 5 participants enrolled in each Saturday for program to run. Participants will be notified of program cancellation at least 8 days in advance.

Personal Information

First Name:

Last Name:

Street:

City:

Postal Code:

Phone Number (home or cell):

Email Address:

Date of Birth:

Emergency Contact Information

Name of person to contact in case of emergency:

Phone number to reach emergency contact:

Relationship to you:

Themes & Dates

Select

Date

Theme

September 16, 2017

Autumn Harvest Enjoy the morning at Andrews Scenic Acres for apple picking, followed by baking and art projects with our newly picked crops.

October 14, 2017

Stranger Dangers Individuals will be given outline on how to be safe. We will have a police officer educate the group after which they will role plays and be given interactive activities throughout the day. They will then work on their personal journal about safety.

November 11, 2017	DIY Arts and Crafts Individuals will take transit to the dollar store where they will shop for different items to be creative. They will return to the program and have a full day of visual art activities.	
January 13, 2018	All About Me	
February 10, 2018	Master Chefs	
March 10, 2017	Express Yourself	
April 14, 2017	Helping Hands	
May 12, 2017	Hiking and Photography	
June 9, 2017	“Fun Day” (Location to be Announced)	

Cost Information

Cost Information: Includes lunch and activities. Fees are based on support needs, select one:

- 1:1 Support Ratio = \$282 per Saturday**
- 3:1 Support Ratio = \$120 per Saturday**
- 5:1 Support Ratio = \$89 per Saturday**

1:1 Individualized or Full Support: People who want individualized support to meet specific goals (e.g., income generation, connecting to community). And people who require frequent redirection, direct support for emotional regulation, exhibit self-injurious or aggressive behaviours. Someone who requires full assistance with toileting, eating and/or to ensure safety in the community.

3:1 Moderate Support: People who display some independence and need occasional redirection with tasks, activities and/or self-regulation. Someone who requires some assistance with toileting, eating, and/or other activities of daily living. Participant is able to complete tasks with some support.

5:1 Minimum Support: People who are mainly independent in areas of emotional and behavioural regulation, communication, and exhibit independence in toileting, eating, activities of daily living, and personal safety in the community.

Payment Information - Payment is required at the time of Registration.

Payment Method: Cash Cheque VISA Mastercard

Cheque payable to Christian Horizons.

Credit Card Information:

Card #

Cardholder's Name:

Phone Number:

Expiry Date (month/year):

Cardholder's Signature:

For a full refund, you must notify Christian Horizons of cancellation 8 days before session start date.

Information Questions about Support Needs

Does the person use any of the following: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Walker or cane | <input type="checkbox"/> Transfer device |
| <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Communication device |
| <input type="checkbox"/> Helmet for daily use | <input type="checkbox"/> Other: _____ |

What level of support does the person require for each of the activities below (not all activities may be part of this program):	Minimum	Moderate	Full	Describe
Being responsible for belongings				
Working with a group of peers				
Communicating in sentences in English				
Communicating with gestures or sounds				
Carrying out tasks when shown how				
Eating socially in a group setting				
Responding appropriately to supervision				
Following simple instructions				
Participation in activities (e.g., crafts, games)				
Traveling within the community (i.e., walking, public transit, in a personal vehicle).				
Personal safety in a community (e.g., parking lots, malls, large community events, road safety/awareness)				
Handling Money				
Washing Hands				
Dressing/Undressing				
Reading/Writing				
Eating				
Swimming				
Toileting (& Menstrual hygiene, if applicable)				
Medication Administration				

Add any additional information that is important for staff to know about the participant's supports and successful participation in this program.

Christian Horizons sometimes uses photos, film, audio or video in an effort to tell people about what Christian Horizons does.

I give consent to Christian Horizons to use pictures, audio, or videos of me for purposes related to the promotion and growth of Christian Horizons.

I do **NOT** give consent to Christian Horizons to use pictures, audio, or videos of me for purposes related to the promotion and growth of Christian Horizons.

Would you like to receive information about opportunities with Christian Horizons that are available now and/or are available in the future?

Yes

No

Participation in activities and programs carries along with it the risk of injury to me as a person or damage to my property. I, the undersigned, understand I am a prospective participant of a Christian Horizons program at my own risk and I release Christian Horizons and its agents from all liability for any injury to me or damage to my property that may result from any cause whatsoever.

I am advised that I can call Christian Horizons to find out about the possible risks or damages of the specific program I have requested before I sign this agreement. I understand that if I have to be sent home during the course of the program for behavioural or medical reasons, that I am responsible for any extra costs and that my payment will not be reimbursed.

I confirm that all information provided is accurate and complete to the best of my knowledge.

I hereby give my consent for the staff involved to secure MEDICAL EMERGENCY care for in the event that it is needed while participating with Christian Horizons. The medical information that I have provided may be used in the event of an emergency. I give full consent to the staff to share information with medical professionals, insurance providers and any other professionals pertaining to the situation. Neither Christian Horizons, nor its employees, will be liable for any financial costs arising from the emergency care.

Name of Person completing the form (printed): _____

Date: _____

Signature: _____

Return Registration Form To:

Christian Horizons Peel Community Participation Supports by E-mail: peelday@christian-horizons.org OR
Fax: 905-285-0375

(15AUG16 version)