

DAY PROGRAMS EXPRESSION OF INTEREST FORM

Please read through all the program information carefully and let us know if you have any questions. Be sure to complete **each page/section** of this registration package.

Participant Name:		

Please circle the programs/days you are interested in below.

The more flexibility you have, the more likely you will be to receive multiple days.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Brunch Club Club Halifax 9am-12pm (\$25/ session)	Youth Program Club Dartmouth 9am-2:30pm (\$25/session)	Recreation & Business Club Halifax 9am-2:30pm (\$25/session)	Recreation & Business Club Halifax 9am-2:30pm (\$25/session)	Youth Program Club Halifax 9am-2:30pm (\$25/ session)
Includes: Health Eating, Meal Planning, Cooking, and Eating Together	Includes: Vocational/Life/ Social Workshops, Business Hub, Volunteering, Outings, Inclusive Games &	Includes: Life and Social Skills, Art's n' Crafts, Business Hub,	Includes: Leadership, Business Hub,	Includes: Skill Development Workshops, Volunteering and
Youth LIT Program Club Halifax 9-2:30pm (\$25/session)	Activities, Special Guests Music and Movement	Cooking, Outings, Inclusive Games & Activities, Special Guests	Vocational/Life/ Social Skills, Dance, Outings, Inclusive Games & Activities,	Event Planning, Business Hub, Outings, Inclusive Games &
Includes: Community placements, program facilitation, kitchen skills.	Club Halifax 1pm-3pm (\$25/session) Includes:		Special Guests	Activities, Special Guests
Recreation & Business Club Halifax 11:30-2:30 (\$25/session)	Music Therapy with Maritime Conservatory, Inclusive Dance, Games & Special Activities.			
Includes: LIT Led Programs, Life/ Social Skills, Inclusive Games & Activities, Special Guests				

If you have days that are more important than others, make a note so we can create the best possible schedule for you.

Please list any days you know you are NOT able to attend.



Emergency Contact and General Information

Participant Name & Pronouns:
Participant Cell Phone:
Participant Home Phone:
Participant Email:
Participant Home Address:
Participant Age and Birthday:
Are you able to leave on your own? YES/ NO/ ONLY WHEN
Emergency Contact Person Name:
Relationship to Member:
Emergency Contact Person Emergency Phone:
Emergency Contact Person Cell Phone:
Emergency Contact Person Email:
Emergency Contact Person Mailing Address:
Did you attend the day program last year? YES/NO
If no, we will send you longer detailed forms to complete.
Important Medical / Allergy / Support Information:



Do you use a wheelchair? Is it a manual or a power chair?

Will you require personal care while at the Day Program (TOILETTING/FEEDING/CHANGING)? YES/NO/RARELY.

If you answered YES or RARELY to the question above, please fill out the personal care form.

Will you need to take any medication during your time at Club? YES/NO

If yes, please fill out the medication administration form.

Will you bring a support worker with you? YES/NO

Please see our individual Support Policy below.

Individual Support Policy

When making decisions about individual support, we will err on the side of caution to ensure the safest and most enjoyable program experience for everyone.

You will need to bring at least 1 support worker, or helper, with you if you need it for any of these safety reasons:

- If you might leave on your own and this would not be safe for you
- If you might have behaviour, or impulse control programs, that would make it unsafe for you or for others
- If you have severe health issues that mean you need to have trained medical support with you at all times

We may ask you to bring support for outings or selected activities if you are not able to independently participate of fully participate safely, or if there may be a trigger for unsafe behaviour.

In order to ensure that we can provide the right level of support and the very best program experience for you, we ask that you please give us as much information as you can in this application. We will truly try our utmost to make the accommodations you need. However, if during out program we find that you are not able to participant fully without individual support, and you have not told us about this in advance, we may ask you to leave. If you are in doubt at all about whether you need individual support, please contact Justin. We will be very happy to talk it over with you.

We strongly recommend that you ask your support workers for Criminal Record Checks with a Vulnerable Sector Check and Child Abuse Registry Check.



RELEASE: LEGAL REPRESENTATIVE/GUARDIANS & PEOPLE AGED UNDER 18

Are you under 18? YES/NO

Do you have a Guardianship Act, or Supported Decision-making order in place? YES/NO

If you answered **yes** to one of the above questions, your parent or legal guardian will need to sign this form:

this form:	
Programs at St James Anglican Church Ha community. I have read the registration inf the risks. I hereby accept and assume on be in Prescott Group programs or activities. I understand that it is possible that the parti Group program. I release Prescott Group, it accident or injury that may occur during or	to take part in Prescott Group II, Grace United Church Hall, and out and about in the formation for Club Day Program 2024/2025 and understand ehalf of the Participant all risk associated with participation understand there is a risk of death from Covid 19 and I cipant may become infected while taking part in a Prescott is organizers, employees and volunteers from any loss, rarising from participation in Prescott programs or Group members take part at their own risk. I have provided tails in case of emergency.
Signed by Parent/Legal Representative or	Guardian:
Name:	Date:
Photo Release	
We often take photographs and video at C	Club Inclusion and other Prescott programs.
	are often taken at Club Inclusion and other Prescott al media, used in funding applications, slide shows for or Prescott Group.
Please circle one of the options below:	
I give permission for photographs and vide applications, social media, online and print	eo ofto be included in funding media.
I do not give permission for photographs a applications, social media, online and print	nd video ofto be included in funding media.
Signed:	
Name:	
Date:	

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RELEASE: PEOPLE AGED 18 OR OVER

Are you over 18? If you do not have a legal representative or guardian, you will need to understand and sign this form.

Please read this with a caregiver or someone who knows you well who can help you understand it in language that works for you:

I understand that while at a Prescott program, or on a Prescott outing, I could be hurt, my feelings could be hurt, I could be injured, be in an accident, or lose something important to me.

I understand that Covid 19 could be in our community without us knowing about it. If I get Covid 19 I could get very sick or die. If I get it I could pass it on to other people who could get very sick or die. I understand that other people in this program might have Covid 19 and I might not know that they have it. They might give it to me.

Even though these things could happen, I accept this risk and I will still take part.

Signed by Participant (if 18 or over	er):			
Name:	Date:			
Witnessed by (name):				
I have explained this to and they understand to the best of their ability.				
Signed:				
Name:	Date:			
PHOTOGRAPHY RELEASE:				
We often take photographs at P	rescott programs. Please circle the one that is right for you			
You can take my photo and put it online or in social media like Facebook, Instagram or Twitter.				

I do not want my photograph to be online or in social media like Facebook, Instagram or Twitter.

If there is anything that you do not understand in this form, or if you have any questions, we can help. Please contact justinmcgarragh@prescottgroup.ca

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