

IMPORTANT:

PLEASE ATTACH A
RECENT PHOTOGRAPH
HERE

REQUIRED FOR ID

PARTICIPANT PROFILE

Participant's name: _____

Date of birth: ____/____/____ Age: _____
D M YEAR

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Language(s) used: _____ Verbal: Non-verbal:

Receiving services from: Miriam H&S: CROM: Other (please specify): _____

Name of Educator/Social Worker: _____ Tel no.: _____

Type of residential setting: Private Home or Apt.: R.C.: R.I.: R.T.F.:

Permanent address: _____

Primary phone number (for animators' use): _____ Relationship to participant: _____

Secondary phone number: _____ Relationship to participant: _____

Email: _____

Emergency contact person: _____ Tel. no.: _____

DIAGNOSIS: _____

IMPORTANT: Tell us about the participant/yourself – likes and dislikes, any pertinent information our animators should know regarding personality, behavior, distinguishing physical, emotional, mental, and intellectual traits, level of autonomy, etc. Please, attach behaviour plan if applicable.

TRANSPORTATION ABILITIES:

Able to use public transit independently? Yes No

Familiar bus routes/frequented areas: _____

Street safety skills? Yes No Comment: _____

Transport Adapté FILE NUMBER: (if applicable) _____

MEDICAL INFORMATION:

Medicare card no.: _____ Expiry Date: _____

Health problems (specify):

• Cardiac Problems: Diabetes: Asthma: Coagulation Problems:

• Epilepsy:

○ Triggers: _____

○ Procedures: _____

• Other: _____

• Allergies: _____

○ Epi-Pen: Yes No

MEDICATIONS: Please attach a list of all medications used during or outside of program hours (PRN, medication sold over the counter, vitamins, etc.)

*Medication taken **during** program hours must be listed separately, below, and sent in a clearly labelled dosette box. We must have written notification of any medication changes when they occur.*

Medication: _____ Dosage: _____ Time given: _____

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Pharmacy: _____ Tel. No.: _____

Name of treating physician: _____ Tel. No.: _____

LEISURE ACTIVITIES – FALL 2023

Registration Form

CONSENT TO RELEASE OF PHOTOS:

I, the undersigned, authorize the Miriam Intervention/Miriam Foundation to use photographs/digital images of the participant taken during activities for promotional purposes such as letters to Foundation donors: Yes No

Signature: _____ Date: _____

(Please sign and indicate relationship to participant, i.e.,: parent, tutor, guardian, etc.)

Form completed by _____ Tel. No.: _____

PAYMENT INFORMATION:

PLEASE NOTE THAT PAYMENT AND COMPLETED REGISTRATION FORMS RECEIVED BEFORE THE REGISTRATION PERIOD WILL **NOT** BE ACCEPTED.

Please indicate how you will be paying:

Credit Card; Card number: _____ Expiry date: _____

If you would prefer to call this in, please contact Jasmine Kooner (514-345-1300 x 312) or Sarah Lhynn Sevilla (514-345-1300 x 411) during office hours and **ONLY** during the registration period.

Cheque (payable to **Gold Centre**)

Interac e-transfer (Send to: accounts@miriamfoundation.ca; Use password CentreGold)

*Cash will no longer be accepted; if this is an issue, please contact Nina Chepurniy.

LIST OF ACTIVITIES:

ACTIVITY	DAY	TIME	COST

TOTAL COST: \$ _____

OFFICE USE ONLY: Received ___ / ___ / ___ Payment _____