



Burnaby Association Referral Form Youth Summer Program 2010

Please answer all the questions as fully as possible. This will help us to provide the best support for your child.

Teen's legal name: _____ Gender: _____

Date of Birth: (month/day/year) _____ Age: _____

Address: _____

Postal Code: _____ Telephone: _____

Parent's Names: _____

Address: _____

Parent's email address: _____

Parent's work telephone numbers: _____

Parent's cell phone numbers: _____

Parent's home phone numbers: _____

Emergency contact #1: _____ Telephone: _____

Emergency contact #2: _____ Telephone: _____

Person (s) authorized to pick-up Teen: _____

Family Doctor: _____ Telephone: _____

BC Card Card Number: _____

Does your child have any allergies to...

1) Medication: _____

2) Food: _____

3) Other: _____

4) Food Restrictions: _____

Does your child take any medications? If so, please list.



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Diagnosis / Medical Conditions, please be specific: _____

Physical Description (i.e. glasses, wheelchair, hearing aid, etc.) _____

Does your child need help with the washroom? Can they change at the pool? Do they have any other personal care needs? (wear Attends, etc)

Can your child swim? If not, how much help do they require when in a pool or near water?

Communication Style: (please check one)

_____ Verbal or _____ Non- Verbal

_____ Communication Book

_____ Sign Language





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If your child requires one to one support, please provide details (please note that we are unable to provide one to one support for teens- this must be provided by the family):

Does your child have street safety skills? What kind of help do they need when out in the community or on transit? Please note: This program does not have a van for daily use. Teens will be using transit daily.



Describe any particular fears or triggers which your teen has shown (e.g. dogs, loud noises, strangers, large crowds): _____

How does your teen react to stressful situations?(e.g. cries, withdraws, has tantrums): _____

How can the staff support your teen during their difficult times? What strategies work at home or school? _____

How does your teen usually react to new situations or changes to the schedule? _____



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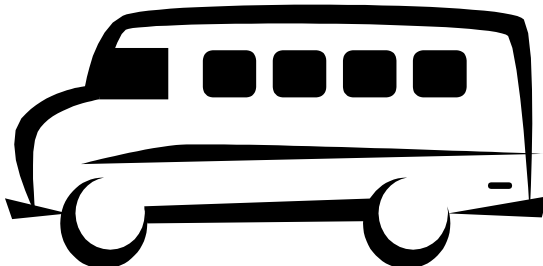
Do you have any written strategies in place that you could share? (communication systems, behavioural supports, etc) _____

What other information would help us to support your child better? _____



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Teen Summer Program

General Permission Form

I hereby give permission for the staff of the TEEN SUMMER PROGRAM of the Burnaby Association for Community Inclusion (BACI) to call a physician or ambulance in the case of an accident or illness, where deemed necessary by the staff, if I cannot be reached.

Parent's Signature: _____ Date: _____

I give permission for _____ to travel in the van or car for various local trips. I understand that a staff member drives the van.

Parent's Signature: _____ Date: _____

I give permission for my child _____ to travel on outings on public transit (Translink).

Parent's Signature: _____ Date: _____

(Please note this is a requirement as the BACI Summer Teen Program does not have it's own van)

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Teen Summer Program

Picture Release Form

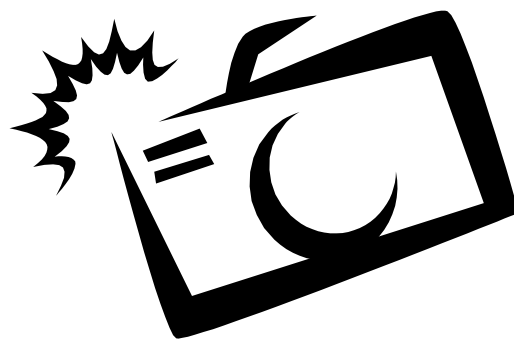
I give permission for pictures, slides, and video tapes to be taken of my child _____ and used for promotional materials for BACI.

Parent's Signature: _____ Date: _____

OR

I DO NOT give permission for pictures, slides, and video tapes to be taken of my child _____ and used for promotional materials for BACI.

Parent's Signature: _____ Date: _____





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REGISTRATION

Summer Teen Program

✓ Please indicate which full weeks you would like to register your teen for:

Attendance may be limited to 4 weeks per child, depending on program enrollment

July 2010 - Weekly fee= \$50.00

	1 st Choice	2 nd choice	3 rd choice
July 5 th -9 th Arts week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 12 th -16 th Sports week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 19 th -23 rd History & Culture week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 26 th -30 th Food Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

August 2010- Weekly fee= \$50.00

August 3-6 th Action Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 9-13 th Nature Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 14-18 th Entertainment week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 23-27 th Science Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's name: _____

Parent name and contact number: _____

Parent email address: _____

Date completed: _____

**Do not send money. You will receive a confirmation letter and phone call in early June.

** Note: your child will not be able to attend all 8 weeks.