



# Snacs Program Registration Form

## About you (parent or legal guardian)

Your name \_\_\_\_\_

Your child's name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_



## About your child and their special needs

Child's date of birth: month \_\_\_\_\_ day \_\_\_\_ year \_\_\_\_\_

Attends

- Daycare
- School \_\_\_\_\_ What grade? \_\_\_\_
- Work program

Medical card number \_\_\_\_\_ expiry date \_\_\_\_\_

Allergies \_\_\_\_\_

My child receives services from the following organizations (check all that apply)

- CRDI
- IRDPQ
- CLS

Brief description of my child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child reacts strongly to:

\_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

My child likes to:

\_\_\_\_\_

My child is very good at:

\_\_\_\_\_

It is hard for my child to:

\_\_\_\_\_

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## Payment information

My child will attend the following activities (see "Description of Snacs Activities")

- Supper with the gang:  $\$10 \times 8 = \$80$
- Bowling:  $\$10 \times 9 = \$90$
- Children's activity:  $\$8 \times 8 = \$64$

I wish to pay by cheque at each activity **OR**  I wish to pay for the whole year

Total payment \$ \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

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## Important notes

- Please make your cheques payable to Jeffery Hale Community Partners and give them to Julie;
- We encourage you or your child's educator to contact Julie Slattery, the Snacs Program coordinator so that she may better support your child's intervention plan through this program;
- Activities may be cancelled if there are not enough number of advance confirmations the Wednesday before each one;
- Always let Julie know if your child is using adapted transportation;
- Tell Julie about any issues or illnesses that may upset your child.

Questions or concerns? Please contact Julie Slattery, Snacs Program coordinator, by email: [slatteryj@cqsbc.ca](mailto:slatteryj@cqsbc.ca) or by phone: 418 572-5009. Thank you!