

Registration Form

Contact information for child and guardians			
Child's family name		Child's first name	
Child's main address (number, street, apartment, postal code)		Child's other address (number, street, apartment, postal code)	
Home phone		Home phone	
My child lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian (specify): _____			
Mother's name		Father's name	
Mother's email address		Father's email address	
Mother's work phone	Mother's cell phone	Father's work phone	Father's cell phone
Please indicate your preference <input type="checkbox"/> Contact mother only <input type="checkbox"/> Contact father only <input type="checkbox"/> Always contact both parents <input type="checkbox"/> Contact legal guardian: name _____			
Please communicate by (email and phone numbers as listed above) <input type="checkbox"/> Email <input type="checkbox"/> Cell phone <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone			

About your child		
Date of birth (year-month-day)	Age	Gender
Medical card number	Expiry date	
Allergies		
My child attends <input type="checkbox"/> Daycare (specify) _____ <input type="checkbox"/> Elementary school (name of school & grade) _____ <input type="checkbox"/> High school (name of school & grade) _____ <input type="checkbox"/> Work program (specify) _____		
My child receives services from (check all that apply) <input type="checkbox"/> CRDI <input type="checkbox"/> IRDPQ <input type="checkbox"/> CLSC		
Please specify the type of support your child receives through day care or school. (time allotted with the support of a technician)		

Child's full name: _____

Brief description of my child	
My child reacts strongly to:	My child likes to:
My child is very good at:	It is hard for my child to:

Activity selection (see document "Description of Snacs Activities")

- Supper with the Gang
- Friday Night Bowling
- Saturday Children's Activity
- After-school Program (separate registration form also required)

Payment (please visit wejh.ca/programs/snacs/payment for full details)

- Preferred** payment method: I will pay online using PayPal or Square at wejh.ca/programs/snacs/payment
- I will pay by cheque, payable to Jeffery Hale Community Partners. (Please mail to Jeffery Hale Community Partners, 2000-1270 chemin Sainte-Foy, Québec, QC, G1S 2M4, or deliver it between 9:00 a.m. - 4:00 p.m., Mon. to Fri., to the community Wellness Centre in the Jeffery Hale pavilion)

Parental authorization

We, the undersigned, hereby authorize the SNACS Program staff to take photographs of my child for promoting and sharing information about the program.

We also hereby give the SNACS Program and Jeffery Hale Community Partners permission to use these photos in the following media (please check each with which you agree):

- Articles (*Chronicle-Telegraph* newspaper, school newspapers, newsletters etc.)
- Social media
- Website

Participant's signature (18 and older): _____

Mother's (or legal guardian's) signature: _____

Father's (or legal guardian's) signature: _____

Date (year-month-day): _____

Important notes

- We encourage you or your child's educator to contact the Snacs Program coordinator, so that she may better support your child's intervention plan.
- If you are having trouble paying the fees, please do not keep your child from attending the program. Talk to the coordinator or your child's social worker.
- Activities may be cancelled if there are not enough confirmations the Wednesday before;
 - o Always let the coordinator know if your child is using adapted transportation to get to activities;
 - o Tell the coordinator about any recent issues or illnesses that may upset your child.

Questions or concerns? Please contact the Snacs Program coordinator, by email: snacsprogram@jhpartners.net or by phone: 418 572-5009. Thank you!