



## 2021 Summer Program

Located at 4630 Dufferin St, Suite 318  
North York, ON, M3H 5S4

**Note:** A free intake assessment will be conducted prior to enrollment to determine eligibility into specific programs.

## Registration Package Checklist:

- Deposit of \$250.00 (dated for the date of registration) due by **June 10, 2021**
- Payment for summer due by **June 18<sup>th</sup>, 2021** (Subtract \$250 from deposit)
- Completed registration package
- Consent Form
- Photography consent form

### Please Note:

Your registration will not be accepted without all of the above items. Please submit your registration package in person during school hours between 8AM - 5PM or by mail. Packages are accepted on a first come first served basis.

Select which days that you are applying for: (Check all the weeks you are interested in)

**Week 1:** June 28<sup>th</sup> - July 2<sup>nd</sup>

**Week 5:** August 2<sup>nd</sup> - August 6<sup>th</sup>

**Week 2:** July 5<sup>th</sup> - July 9<sup>th</sup>

**Week 6:** August 9<sup>th</sup> - August 13<sup>th</sup>

**Week 3:** July 12<sup>th</sup> - July 16<sup>th</sup>

**Week 7:** August 16<sup>th</sup> - August 20<sup>th</sup>

**Week 4:** July 19<sup>th</sup> - July 23<sup>rd</sup>

**Week 8:** August 23<sup>rd</sup> - August 27<sup>th</sup>

### Fees:

Full time group (3:1 ratio) = \$500.00 per week

Full time 1:1 = \$750.00 per week

Monday to Thursday 9:00am to 3:00pm, Fridays 9am - 12:30pm

\*Part time option available upon request\*



Is your child able to wear a mask? Yes  No

### Parent(s)/Guardian Information

Parent/Guardian's Name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Province) (Postal Code)

Parent/Guardian's Name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Province) (Postal Code)

### Emergency Contact(s)

Name	Relationship to Camper	Phone Number

### Permission to Pickup

Name	Relationship to camper	Phone Number

\*Please note that photo identification will be required for pickup from people other than primary caregiver.

## Medical Information

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

Any conditions or behaviours that require special attention, medication, or special diet? (If yes, please state below): Yes  No

Any allergies or medical conditions? (If yes, please list below): Yes  No

Allergy/Medical Condition	Treatment

Please list any history of communicable disease (ie: Measles, chicken pox, meningitis, etc):

Date	Type

Please check here if there is no history of communicable disease

Has your child ever tested positive for Covid-19? Yes  No

If yes, when? \_\_\_\_\_

Has your child been recently tested for Covid-19? Yes  No

If yes, please state reason for the test: \_\_\_\_\_

## All About My Camper

- Is your camper toilet trained?      Yes       No
  - Does your camper wear pull-ups?      Yes       No
  - Does your camper self-initiate bathroom use?      Yes       No
  - Is your camper a picky eater?      Yes       No
  - Does your camper have any sensory needs (if yes, please list below)?      Yes       No
- 
- 

Please list your camper's likes and dislikes:

Likes	Dislikes

Please indicate how your camper communicates:

Verbally       Uses an AAC       Uses PECS       Other: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Does your camper have any behaviours that require 1:1 support (these include, but are not limited to running out of the room, aggressive behaviours such as: hitting, biting, kicking, pinching, spitting, etc):

---

---

## Billing/Invoicing

Bright Start Academy Inc. bills using Quickbooks.

- I grant permission for *Bright Start Academy Inc., Inc.* to send my invoices/receipts via email. I recognize that there is identifying information on the invoices/receipts, but that is okay.
  
- Only send me invoices/receipts via email that are password protected. Do not send me invoices/receipts via email. Please print and deliver the invoices/receipts during your next visit, or mail the invoices.

*Note: I understand that any information pertaining to my child or my family will be kept confidential. I also understand that if I choose to decline permission now or to revoke my permission at any time in the future, I may do so without any impact on my child's current or future programming or services. If I wish to revoke my permission in the future, I will submit my request in writing to Bright Start Academy Inc.*



## Photography Consent Form

Photographs and/or videos may be taken during sessions for teaching purposes and to document child progress. With consent, these images may be used for newsletters, parent communication, teaching materials, arts & crafts, bulletin boards within the centre, Bright Start Academy Inc. website, etc.

*Note: No identifying names will be issued with the pictures.*

Please check the box and initial beside all statements that apply:

- I grant permission for photos/videos to be taken and distributed to parents/guardian (i.e., to document progress) – this would be done via email or another web-based program
- I grant permission for photos/videos of my child to be used within the centre (e.g., for teaching purposes, bulletin boards, arts & crafts, etc.)
- I grant permission for my child to appear on the Bright Start Academy Inc. website/facebook/etc. Note: no identifying information will be used (i.e., names)
- I do **NOT** grant permission for any photos/videos to be taken of my child

*Note: I understand that any information pertaining to my child or my family will be kept confidential. I also understand that if I choose to decline permission now or to revoke my permission at any time in the future, I may do so without any impact on my child's current or future programming or services. If I wish to revoke my permission in the future, I will submit my request in writing to Bright Start Academy Inc., Inc.*

## Consent

Behaviour Analysts involve the client in the planning and consent for behaviour change programs (including skill acquisition programs and behaviour reduction programs). Behaviour Analysts tailor behaviour change programs to the unique behaviours, environmental variables, assessment results, and goals of each client.

- I grant permission for BRIGHT START ACADEMY INC. staff to make functional behaviour change programs without my written consent each time. An updated data sheet and/or behaviour protocol sent to me is sufficient. If I disagree with program changes, I will send an email immediately or call for clarification.
- I want to review behaviour change programs with only significant modifications (i.e., change of goals, use of new procedures)
- I want to review every behaviour change protocol before implementation. I am aware that this may slow down the rate at which programming can be implemented.

## Parent/ Caregiver Contract

I hereby make application for the enrollment of the following child as a Camper at Bright StartAcademy Inc. for the Summer of 2021.

**Child's Name:** \_\_\_\_\_

With my application I am including payment of: \_\_\_\_\_

I understand that this deposit is **non-refundable under any circumstances**. I understand that if I cancel my child's registration or any portion of my child's registration after June 26th, I will not receive **any** refund for my deposit. Full payment is due one week prior to my child starting the program.

I acknowledge that I have read the application for enrollment and understand all policies.

**PRINT name of parent/guardian:** \_\_\_\_\_

**SIGNATURE of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

### For office use only

**Registration form received by:** \_\_\_\_\_

**Date form was received:** \_\_\_\_\_

**Amount of payment received:** \_\_\_\_\_