

W. ROSS MACDONALD SCHOOL  
 350 BRANT AVENUE  
 BRANTFORD, ONTARIO N3T 3J9  
 1-519-759-0730 Fax 519-759-4741  
 Toll Free 1-866-618-9092

APPLICATION FOR  
 SHORT TERM PROGRAMS  
 Sept 2011 June 2012

## REGISTRATION FORM

PLEASE PRINT

*Date and Name of Camps* \_\_\_\_\_

STUDENT LEGAL NAME \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender of student: Male \_\_\_\_\_ Female \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Month/Day/Year

Email: \_\_\_\_\_

Copy of IEP \_\_\_\_\_ Date \_\_\_\_\_ Copy of IPRC \_\_\_\_\_ Date \_\_\_\_\_

STUDENT LIVES WITH: Both Parents	Mom	Dad
Foster Parents	Relatives	Other

<b>Father/Guardian-FULL NAME:</b>		
Street:		
Unit #:	RR#:	
City:	Prov:	Postal Code:
Home Ph:	Work Ph:	Cell Ph:
Fax #:	Email	

<b>Mother/Guardian: FULL NAME:</b>		
Street:		
Unit #:	RR#:	
City:	Prov:	Postal Code:
Home ph:	Work Ph:	Cell Ph:
Fax #:	E:Mail:	
Siblings:		



APPLICATION Cont'd.

**EMERGENCY FORM**

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_  
Month/Day/Year

CUSTODY: Mother _____ Father _____ Other _____
If applicable: school needs a copy of custody agreement _____
ACCESS LIMITATIONS: Yes _____ No _____
If yes need copy of legal documents _____

**EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIAN)**

1st Contact Name:	2nd Contact Name:
City:	City:
Relation:	Relation:
Phone:	Phone:

**MEDICAL INFORMATION:**

Health card #:	Drug plan #:
Dental plan:	
Family doctor:	Phone:
Address:	
Last Date in Hospital :	Reason for last visit:
Medical alert:(allergies, etc.)	Epi-pen: Yes _____ No _____
Conditions: (i.e. Epilepsy)	
Eye condition:(if known)	Braille User:      Large Print Font Size:
Medication: Dosage: Time(s):	
Medication: Dosage: Time(s):	
Special Diet requests:	

*Please add an extra page with additional medical information so we can support your child's needs while they are with us.*

**APPLICATION Cont'd.**

**RESIDENCE**

**STUDENT NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

If applicant intends to stay in residence at W.R.M.S., please complete this form as applicable.

**CAN THE APPLICANT:**

<b>Wash himself/herself?</b>
<b>Care for himself/herself in the bathroom?</b>
<b>Dress himself/herself?</b>
<b>Feed himself/herself?</b>
<b>Understand and speak English?</b>
<b>Move about independently?</b>
<b>Does s/he require any special equipment to be independent?</b>
<b>Explain applicant's sleeping habits:</b>
<b>Explain applicant's eating habits:</b>
<b>Explain any particular behaviour the applicant may display and tell how this is handled at home:</b>
<b>What are the student's goals for the weekend?</b>

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



