

**Mission Kare Life Adult Skill Centre**

**Registration Form**

***(Please complete all areas for Registration)***

Name: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ Age: \_\_\_\_\_

SEX: M\_\_\_\_ F\_\_\_\_ OHIP # \_\_\_\_\_

Diagnoses/Disability: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Address \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number \_\_\_\_\_

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**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cell: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Authorized as an Emergency /alternate pick up: Yes\_\_\_\_ No\_\_\_\_

Home Address: \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Second Emergency Contact:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cell: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Authorized as an Emergency /alternate pick up: Yes\_\_\_\_ No\_\_\_\_

Home Address: \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please list the type of activities your son/daughter enjoys participating in

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Please list any activities your son/daughter dislikes participating in

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**General Information**

Can your son/daughter feed themselves? Yes or No

(If not please explain what type of assistance is required)

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Does your son/ daughter need assistance in the washroom? Yes No

Toileting (assistance, needs and or routines)

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Dressing (Please indicate if assistance is required or any difficulties)

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**Personal hygiene information (please described the level of assistance your son/ daughter requires)**

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**Please indicate if your son/daughter have any allergies (seasonal, food allergy)**

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**Does your son/daughter have any special dietary requirements?**

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**Does your son/daughter take any medication(s)?** Yes      No

**Please list medication(s) name, time, and dosage of each prescribed medication**

1. 

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2. 

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3. 

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4. 

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## Media Release Permission Form

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☐ I \_\_\_\_\_ **give** my permission for \_\_\_\_\_

Images and name to be included in any **Mission Kare Life Adult Skill Centre** material such as website, social media, or newspaper articles.

**OR**

☐ I \_\_\_\_\_ **DO NOT** give my permission for \_\_\_\_\_

Images and name to be included in any **Mission Kare Life Adult Skill Centre** material such as website, social media, or newspaper articles.

Signature of Parent/ Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

