

Application for March Break Respite Service 2023

Student/Participant Information

First Name _____ Last Name _____
 Date of Birth (m/d/y) _____ Age _____
 Diagnosis _____ Dietary Restrictions: _____
 Special / Other Support Needs _____
 Current school _____ Teacher _____

Family Information

Name of Parent(s) / Legal Guardian(s): 1) _____ 2) _____
 Address(s) _____ Unit _____
 City _____ Postal Code _____
 Home Number _____ Work Number _____
 Cell Number(s) _____

Respite Info:

Are you connected to the Respite Network? No Yes

Check the days your child/student/participant will be attending:

Monday Tuesday Wednesday Thursday Friday

Student Interest (mark which areas your child/student/participant wishes to participate in:

- academic supports (literacy and tutoring)
- skill acquisition (i.e. cooking) - specify _____
- socialization and communication - specify _____
- health and physical fitness (movement and socialization providing opportunity to play interactive, social skill building activities)
- Other – specify _____

Student/participant Information: Anything not asked you wish to share that will help us support child/student/participant? Feel free to include areas of interest / hobbies that they enjoy.

Confidentiality:

I have signed the confidentiality form authorizing Corbrook and _____
Name of school and teacher

to discuss the care of myself/my child for the purpose of Respite. (See attached)

_____ Signature of child/student/participant	_____ Signature of Parent/Guardian
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_____ Date	_____ Date
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Are you interested in hearing about our summer camp program 2023?

Check yes if you are interested in receiving information about our upcoming summer camp program.

YES NO

Location preference:	East Campus <input type="checkbox"/> 931 Progress Ave., Scarborough, ON M1G 3V5	West Campus <input type="checkbox"/> 300 Supertest Road North York, ON M3J 2M1
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