



**Main Street Community Services (MSCS)  
Program Registration Form**

**Program requested:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child Information**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_  
Child's OHIP #: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Other Doctors: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Other Doctors: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Physical Description of the child**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_  
Hair Colour: \_\_\_\_\_ Length: \_\_\_\_\_ Style: \_\_\_\_\_  
Eye Colour: \_\_\_\_\_ Glasses or contacts: \_\_\_\_\_  
Scars or Birthmarks: \_\_\_\_\_

**Parent/Guardian Information**

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_  
Address: Same as above \_\_\_ or \_\_\_\_\_ Phone #: \_\_\_\_\_  
Phone# (W): \_\_\_\_\_  
Email address(es): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

**Parent/Guardian Information**

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_  
Address: Same as above \_\_\_ or \_\_\_\_\_ Phone #: \_\_\_\_\_  
Phone# (W): \_\_\_\_\_  
Email address(es): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

**Emergency Contact(s)**

Emergency Contact #1: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Medical Information**

Allergies: (please circle) No Yes Please specify: \_\_\_\_\_

Epipen Required: No Yes

Does your child require medication? No Yes

Will your child require medication during the session? No Yes

Name of medication(s): \_\_\_\_\_ Dose(s): \_\_\_\_\_ Time(s) taken: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medical protocols for the condition(s): \_\_\_\_\_

\_\_\_\_\_

Other medications: \_\_\_\_\_

*Please attach medication form*

**Therapeutic/Clinical Information**

Does your child have any fears or phobias? No Yes Please indicate: \_\_\_\_\_

Has your child been diagnosed with an exceptionality (i.e. ADD/ADHD, LD, Asperger's, etc.)

No Yes

Please describe and explain any safety or clinical plans that are in place at home or school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activity Information**

Activities/Sports of Interest: \_\_\_\_\_

Activities/Sports Disliked: \_\_\_\_\_

\_\_\_\_\_

What is your child's Swimming Level? \_\_\_\_\_

Please indicate any concerns with your child's ability to participate in swimming: \_\_\_\_\_

\_\_\_\_\_

What activities/sports would you consider to be a strength for your child? \_\_\_\_\_

\_\_\_\_\_

What activities/sports do you feel your child could improve upon? \_\_\_\_\_

\_\_\_\_\_

Does your child enjoy arts and crafts? Yes No

Which arts and crafts do they particularly enjoy? \_\_\_\_\_

Please indicate if there are any self-injurious behaviours of which we should be aware:

\_\_\_\_\_

If yes, please indicate if you have a specific safety plan in place at home: \_\_\_\_\_

\_\_\_\_\_

Please describe your child's strengths and areas you wish to see developed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What privileges would you say is important for your child? \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR SERVICES**

I \_\_\_\_\_ (parent/guardian) agree to have my child \_\_\_\_\_ attend this MSCS program from \_\_\_\_\_ to \_\_\_\_\_ 200 . I understand that Main Street Community Services will not be held accountable for any undue harm my child may receive while engaging in recreational activities.

Parent/Guardian signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200 in the city of Ottawa.

Thank you for taking the time to complete this important questionnaire.

Please do not hesitate to include any additional information regarding your child and/or their exceptionality.

*Please make all cheques payable to Main Street Community Services*

**\*\*\*We are obliged, by the laws governing Children's Aid Societies and the Child and Family Services Act of Ontario, to report any disclosure of information that indicates a suspicion of child abuse\*\*\***

## **RESTRAINT CONSENT**

I accept that the qualified staff of MSCS, may use physical restraints in the event that it is necessary to protect my child's own safety or protect the safety of others. It is understood that a physical restraint refers to the practices acquired in training through CPI (Crisis Prevention Institute) or TCI (Training in Crisis Intervention). No restraints shall be used as method of punishment. I will be informed upon pick-up if a restraint was used on my child on that day.

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*Parent*

*Date*