

Registration Form

Blue Light Adult Program
2950, Edmond St, Kirkland, QC. H9H 5J5
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E: apbluelight@gmail.com

* Required

Student Identification

1. Full name *

2. Address *

3. Home phone number *

4. Cell phone number *

5. Email address

6. Preferred method of communication

Mark only one oval.

Email

Phone

7. Date of birth *

Example: December 15, 2012

8. Age *

9. Sex

Mark only one oval.

- Female
- Male
- Other: _____

10. Place of birth

11. Main diagnosis

Stop filling out this form.

Father Identification (or legal guardian)

12. Name of father

13. Home phone number

14. Work phone number

15. Cell phone number

16. Email address

17. Occupation

Mother Identification or (legal guardian)

18. Name of mother

19. Home phone number

20. Work phone number

21. Cell phone number

22. Email address

23. Occupation

Place of residence and guardianship**24. The user lives with***Mark only one oval.* Both parents Father Mother Other: _____**Medical History of the student****25. Does your child have allergies?***Mark only one oval.* Yes No**26. If so, please indicate**

27. Is your child currently taking medication?*Mark only one oval.* Yes No

28. If so, please indicate

Tell us about your child

29. What are your observations regarding his / her language and communication skills?

30. How does he/ she communicate (Gestures PECS, iPad app...etc)?

31. How does he/ she socialize?

32. What are your observations on his / her motor skills?

33. What are your observations on his/ her behaviour (What is their most challenging behaviour?)

34. How does he/ she adjust to transitions and new environments?

35. What triggers his/ her frustrations and anxiety? How do they react and what strategies help?

36. What are your observations on his/ her level of autonomy?

Thank you for taking the time to respond to our questions. Your answers will help us understand your child better and will assist us in assessing his/ her needs. Please, remember to forward all the necessary reports.
