



Pilot Day Program Application & Expression of Interest

Name:

Date of Birth:

Contact for this Application Name:

Emergency Telephone number:

Other contact numbers:

Relationship to you:

Which Club Inclusion programs have you taken part in?

Please list school, work, activities or programs you are currently enrolled in during the day time:

Are you currently on a waitlist for a day program? If yes, please tell us which one/s.

Please tell us why you would like to take part in this Pilot Program:

Which day/s would you like to take part in?

Tuesday: Club Dartmouth (Grace United Church Hall, King St)

Wednesday: Club Halifax (St James Church Hall, Armdale Roundabout, Halifax)

Thursday: Club Halifax (St James Church Hall, Armdale Roundabout, Halifax)

Will you be coming with a support worker, would you prefer to? Why or why not?

Emergency/Support Protocols: Attach additional pages as needed

Please list all medical information and actions to take:

(Including seizures, allergies, asthma, diabetes, any possible emergency situations, etc.):

What are your personal care needs?

Will you need to take any medications while at the Day Program?

If yes we will ask you for more information.

Yes

No

Please give us more information about what the Club can do to meet your physical or emotional needs while in Day Programming:

