

# **META CENTRE**

*Presents...*

## **ADULT EVENING RESPITE SERVICES**

**TUESDAY EVENINGS From:**

Tues. Mar. 23<sup>rd</sup>- Tues. June 1, 2010

**From:**

6:00 p.m. to 8:00 p.m.

**Location:**

201 Millway Ave. Unit 10, Vaughan

### **CLASSES OFFERED:**

#### **AQUATICS**

(7:30 - 9:15 p.m.)

*Garnet A. Williams Pool*

*501 Clark Ave. West, Thornhill, Ontario*

#### **COMPUTERS**

(6:00 - 8:00 p.m.)

#### **BOWLING BASH**

(6:30 - 8:30 p.m.)

Woodbridge Bowl - 191 Marycroft Ave.

(Pine Valley & Hwy #7)



#### **NOTE:**

*These classes are only offered to community based*



***REGISTRATIONS MUST BE RECEIVED  
BEFORE MARCH 8, 2010***

See Reverse side □

**META CENTRE - ADULT  
RESPITE PROGRAM - REGISTRATION FORM  
TUESDAY EVENINGS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address:  
\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #:  
\_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ E-mail address:  
\_\_\_\_\_

Health Card #: \_\_\_\_\_ Diagnosis:  
\_\_\_\_\_

Allergies (to medications, foods, etc): \_\_\_\_\_

Medication: (List all)  
\_\_\_\_\_  
\_\_\_\_\_

Does the consumer have epilepsy? { }Yes { }No

If yes, date of last seizure: \_\_\_\_\_

Describe physical limitation (s) and any assistive device (s) used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the consumer display aggressive behaviours?

**Please specifically list behaviours.** How are behaviours addressed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the consumer require 1:1 Support? \_\_\_\_\_ How will the consumer arrive to the program? \_\_\_\_\_

Will the consumer be traveling on Wheeltrans? \_\_\_\_\_ If so, please include Wheeltrans #  
\_\_\_\_\_

**\*\*All pick ups must be made prior to 8:00 p.m.\*\***

(X) Please check the box beside the class the consumer wishes to register for:

Aquatics □ □ □ □ □ (Ages: 19+) \$180.00		Bowling □ □ □ □ □ (Ages: 19+) \$190.00		Computers □ □ □ □ □ (Ages: 19+) \$120.00	
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**All fees are based on a 1:4 ratio. Additional costs apply to those who require additional supports.**

**Total Fee Enclosed:** \_\_\_\_\_

**Classes will proceed based upon enrolment. The Meta Centre reserves the right to cancel or alter services as deemed necessary**

\*Please note: In the event of a medical emergency involving my son/daughter, I understand the Meta Centre will attempt to contact me or the emergency contact. If, after making all reasonable attempts to do so, the Meta Centre is unable to contact anyone I **HEARBY AUTHORIZE THE META CENTRE TO HOSPITALIZE OR SECURE PROPER TREATMENT FOR MY SON/DAUGHTER.**

Parent/Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

*Reimbursement of payment will not be granted for late registrations, absenteeism, and withdrawal from classes or incimate weather*

Please mail this registration form along with payment to: Meta Centre  
401 Champagne Dr.  
North York, Ontario  
M3J 2C6  
**ATTN: Elena Rattenni**

For Office Use Only
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