

# **META CENTRE**

*Presents...*  
**CHILDREN & YOUTH  
EVENING RESPITE SERVICES**

**TUESDAY EVENINGS From:**  
Tues. March 23<sup>rd</sup> – Tues. June 1, 2010  
**From:**  
6:00 p.m. to 8:00 p.m.  
**Location:**  
401 Champagne Drive, North York

## **CLASSES OFFERED:**

### **MUSIC IN MOTION**

(6:00 – 8:00 p.m.)

### **AQUATICS**

(7:15 – 8:45 p.m.)

(Al Palladini Pool – 9201 Islington Ave.)

### **ARTFUL ADVENTURES**

(6:00 – 8:00 p.m.)

### **NOTE:**

*These classes are only offered to **community based** individuals **only***





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

See Reverse side  
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**META CENTRE – CHILDREN & YOUTH  
RESPIRE 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:

Music in Motion ☐☐ ☐ (Ages: 6:18) \$120.00		Aquatics ☐ ☐☐☐ ☐ (Ages: 6-18) \$180.00		Artful Adventures ☐☐☐ ☐ (Ages: 6-12) \$160.00	
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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**

<b>For Office Use Only</b>
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