



Maple Ridge/Pitt Meadows Community Services

Group Registration Form Child and Youth with Special Needs

Name of Group: _____

Enrollment Date: _____

Name: _____

Birth Date: _____ Sex: F M

Address: _____

(Municipality)

(Postal Code)

Email Address: _____

(only to be used to contact you in regards to the group activities)

Other children in home: _____

Mother/Guardian name: _____ Ph: _____ Cell: _____

Father/Guardian name: _____ Ph: _____ Cell: _____

Health Care # _____

Drs. Name: _____ Ph # _____

Allergies (including food): _____

Person to contact in case of emergency *(other than parent or guardian)*

Name: _____ Relationship to Child: _____

Ph # _____ Cell # _____

I authorize the following people to pick up my child from group:

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Name: _____ Relationship: _____ Ph: _____

Are you on medication? Yes No If yes, please describe _____

Other Information: _____

Signature: _____ Date: _____

"Please note all information provided will be kept strictly confidential"

What do expect to gain from this program? _____

Special Requests:

We will make every effort to place the following members in the same group.

Name: _____ Name: _____

Name: _____ Name: _____