

## Respite Registration

Deposit of \$75.00 is required upon booking. Payment is required in full 24 hours before the day of attendance by e-transfer to [ngfc@wightman.ca](mailto:ngfc@wightman.ca) or cheque to New Growth Family Centre with client name and invoice number.

Client Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

### Health Card #

Family Situation:

\_\_\_\_\_

#### Needs help with:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Exercise              | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Problem Solving       | _____                                 |
| <input type="checkbox"/> Social Skills         | <input type="checkbox"/> Food Choices |
| <input type="checkbox"/> Communication Skills  | <input type="checkbox"/> Sleep        |
| <input type="checkbox"/> Peer Interaction      |                                       |
| <input type="checkbox"/> Following Routines    |                                       |
| <input type="checkbox"/> Organization Skills   |                                       |
| <input type="checkbox"/> Relaxation Techniques |                                       |
| <input type="checkbox"/> Personal Hygiene      |                                       |

#### Scheduled Respite:

Monday	<input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/>	_____
Thursday	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	_____

Information which may affect attendance and participation at Aletha's Place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### # 1 CONTACT INFO:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### # 2 CONTACT INFO:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### # 3 CONTACT INFO: Care Agency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Special Considerations:

Food Allergies: \_\_\_\_\_

Physical: \_\_\_\_\_

\_\_\_\_\_

Emotional: \_\_\_\_\_

\_\_\_\_\_

#### Medication Schedule:

\_\_\_\_\_

#### Special Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Staff Observations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_