



Supportive
Steps
RESPITE SERVICES

Respite Registration Form

Parent or Guardian Name:

Street Address including city and postal code

Home Phone: _____

Cell Phone: _____

Email Address: _____

Please fill out the information below for children attending Respite

Child's first name: _____

Last name: _____

Gender: Male Or Female DOB: _____

Diagnosis:

- ☐ Learning Disability
- ☐ ADHD
- ☐ Cerebral Palsy

- ☐ Down Syndrome
- ☐ Behavioural Challenge
- ☐ Intellectual Disability
- ☐ Other

Details: *(what affect has this condition had on your child?)*

Allergies: _____

Medications: _____

Child use assistive device: _____

Has your child participated in group activities before (i.e. through school or another

Can your child participate in a activity with a small group (2-3 total) of children?

Does your child have a history of running off? Please explain.

Does your child have any behavioral problems that we should know about? How should we best deal with these concerns?

SOCIALIZATION

Activities that my child enjoys or promotes success:

My child adjusts to new people in the following way and here are some steps/activities to help:

My child transitions to new or different activities in the following way(s):
