

DATE STAMP

**JUNIOR INCLUSION SERVICES**

Community Services Department  
111 Syndicate Ave S.  
Thunder Bay, ON P7E 6S4  
Fax 625-3395 Tel. 626-6565



# Junior Inclusion Services (JIS) PARTICIPANT INTAKE FORM

The best way to play™

**If this is a referral from a service organization (e.g. Dilico, CAS, Children's Centre, Wesway, etc.) please complete the Referral Form on page 6 of this package, as well as page 1-5. If this is not a referral do not complete the Referral Form.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F  
DD MM YY

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

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name(s) of Parent(s) or Guardian(s): \_\_\_\_\_

Parent/Guardian Tel. #: \_\_\_\_\_ Parent/Guardian Tel. #: \_\_\_\_\_

Email (mother/father/guardian): \_\_\_\_\_

**If we need to contact you and are unable to reach you at the above numbers, please provide the name and phone number of an alternate contact during program hours:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

What is your child/youth's disability?: \_\_\_\_\_

Does your child/youth use any assistive devices (e.g. wheelchair)?  Yes  No

If 'Yes' please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your child's interests, activities, pastimes, food, toys etc. that he/she enjoys the most. Include previous recreation experiences.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What recreation activities does your child **not** like to do? Explain.

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Describe your child's swimming ability (if requesting support in swimming lessons, or involved in a program where swimming is part of the schedule).

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Describe area(s) where your child requires support or assistance (e.g. transitions, communications, social settings, personal care, etc).

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Are there safety issues or fears that we need to know about? (e.g. fears, distractions, running away, talking to strangers, hitting others/themselves, etc).

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Please list any allergies, medical conditions, disabilities, behaviours, or needs that require special consideration.

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Tell us about your child's ability to interact with other children. What works in case of difficulties?

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Please describe how your child communicates (e.g. verbally, sign language, PEC symbols, etc.)

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How would we recognize that your child is becoming stressed or anxious? Are there factors that cause them to become stressed or anxious that we need to know about?

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What are calming techniques/environments that work for your child?

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What are 2 goals that you hope your child will accomplish by participating in this program?

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What are your expectations from Junior Inclusion Services?

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As a parent/guardian do you have any additional questions, concerns, or comments?

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## SUPPORTS

- Your child:  will be attending a program independently  
 requires one-to-one assistance from JIS to facilitate participation  
 will be accompanied by a personal support person

## PROGRAM CHOICES

Your child is interested in:

### JANUARY TO JUNE, & SEPTEMBER TO DECEMBER

- Swimming** Pool Preference: \_\_\_\_\_ Level: \_\_\_\_\_  
 **Neighbourhood Recreation Program (age 5-12)** Site Preference: \_\_\_\_\_  
 **Youth Move (age 12-18)**

### JULY TO AUGUST

- Playgrounds (age 5-12)**  **Chippewa Summer Camps (age 5-13)**  
 **Youth Move (age 12-18)**  **Canada Games Complex Adventurers Camp (age 5-12)**  
 **Kidventures (age 5-13)**  
 **OTHER** Specify: \_\_\_\_\_

Will you be using ProKids?  YES  NO

**Photo Consent:** Junior Inclusion Services keeps a photo of each participant in our participant files. Please check this box if you **DO NOT** wish to have your picture taken for your file.

### How did you find out about Junior Inclusion Services?

- The Key  A Display  Presentation  School  An Agency  
 Word of Mouth  Newsletter  www.thunderbay.ca  Other: \_\_\_\_\_

Please sign and date this form. Your signature indicates that the information that you provided is complete, correct, and current. By signing you also understand that Junior Inclusion Services will maintain personal information on you while receiving services. This includes statistics, a participant profile, service notes, and any relevant consent forms.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### PLEASE RETURN THIS FORM TO:

Community Services Department  
Attn: Junior Inclusion Services – Sarah Smart  
111 Syndicate Ave South  
Thunder Bay, ON P7E 6S4

**FAX:** 625-3395 **TEL:** 626-6565  
**Email address:** sarah.smart@thunderbay.ca

*Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980,c.302 (as amended) and will be used within the programme for emergency contact and program follow-up. Questions regarding this collection should be directed to the Program Supervisor - Children, Youth and JIS, 111 S. Syndicate Avenue, Thunder Bay, Ontario, P7E 6S4, 626-6565.*

# REFERRAL FORM

If this is a referral from a service organization (e.g. Dilico, CAS, Children's Centre, Wesway, etc.) please include a contact at this service organization, as well as any special instructions. Special instruction could include if we should have initial contact with the service organization or parent/guardian.

**If this is not a referral do not complete this form.**

Organization Making Referral: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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