



DATE STAMP

PLEASE RETURN THIS FORM TO:
 Community Services Department
 Attn: Junior Inclusion Services – Sarah Smart
 111 Syndicate Ave South
 Thunder Bay, ON P7E 6S4
 TEL: 626-6565
 Email address: sarah.smart@thunderbay.ca

Junior Inclusion Services (JIS) PARTICIPANT INTAKE FORM

**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: _____
DD MM YY

Preferred Pronoun(s): _____

Address: _____ Postal Code: _____

Primary contacts:

Name of contact:	
Relationship to child:	
Phone:	Email:

Name of contact:	
Relationship to child:	
Phone:	Email:

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:

Emergency Contact:	
Relationship to child:	
Phone:	

What is your child/youth's disability/disabilities or medical condition(s) (please include any allergies)?:

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

If 'Yes' please describe: _____

Please complete the following:

Likes: Activities/Interests	Dislikes: Activities/Interests

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

Are there safety issues or major concerns that we need to know about? (e.g. fears, distractions, running away, talking to strangers, self-harm, etc). _____

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

Tell us about your child's ability to interact with other children. How can we best support your child socially? _____

Complete the following (if applicable):

Anxieties/Triggers/Stressors:	Calming Techniques & Supports

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

Other: _____ _____ _____

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

Supported Programs

JIS offers free support in any of the following programs offered through the City of Thunder Bay through the Recreation & Culture Division. Scan the QR code for more information on the programs. Please check the programs you are interested in support your child/youth in.



- Summer Programming:
 - Chippewa Summer Camps (5-13)
 - Playgrounds (5-12)
 - Adventurer's Camp (5-12)
 - Kidventures (5-12)
- September-June Programming:
 - Swimming lessons (Canada Games Complex, Volunteer & Churchill Pool)
 - Karate & Squash lessons (Canada Games Complex)
 - Children's Programming, PA Days & March Break Camp (Canada Games Complex)
 - Neighbourhood Recreation Program (after school program for grades 1-6)
- Programming for Youth (ages 10-18):
 - Youth Move drop-in programming at various sites
 - Youth Move special events at various locations

Will you be using ProKids? YES NO

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: _____



RECREATION & CULTURE
DIVISION

Note: Once the application is received, Junior Inclusion Services Staff will contact you.

Completing this form does not guarantee support, as support is scheduled based on a request list on a seasonal basis.

Please visit thunderbay.ca/jis for more information, or contact us at 626-6565.

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 Supervisor Community Partnerships, 111 S. Syndicate Avenue, Thunder Bay, Ontario, P7E 6S4, 625-2419.

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 please do not complete this form.**

Organization Making Referral: _____

Staff Name: _____ Title: _____

Tel. #: _____ Cell #: _____ Email: _____

Additional Information: _____

Please specify the best contact for each purpose:

Primary Contact for Information:		<input type="checkbox"/> Same as above
Relationship to child:		
Phone:	Email:	

Primary Contact for Scheduling:		<input type="checkbox"/> Same as above
Relationship to child:		
Phone:	Email:	

Primary Contact for Signing Documents:		<input type="checkbox"/> Same as above
Relationship to child:		
Phone:	Email:	