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Application for Participants

Master Miss.	Name of Participant:	
Age	Date of Birth:	
Address:		
City:	Postal Code:	Telephone Number:
E-mail	Name of Parent/Guardian:	

Diagnosis

Why do you want your child to participate in this program?

How do you see your child benefiting from his/her participation in this program?

What are the particular likes and dislikes of your child? Are there activities and/or skills the program needs to focus on to make your child's participation more enjoyable?

Please identify behaviours we might see or encounter

How did you learn about FOOTPRINTS?

Preferred Respite Session(s): please indicate your 1st & 2nd choices

Friday: 5:00pm – 8:00pm: _____ (3 hr session)

Saturday: 9:00am – 2:00pm: _____ (5 hr session)

Saturday 2:00pm – 5:00pm _____ (3 hr session)

Note: FOOTPRINTS endeavours to provide clients with two (2) respite sessions per month, dependant on space availability and staffing levels.

Preferred method of contact: Telephone _____

E-mail _____

Parent and/or Guardian Signature

Date

Program Consultant

Date