

CHILD AND YOUTH GROUP PROGRAMS- CONFIDENTIAL INTAKE

Sibling Support Specialty Workshop -3 hours/\$60.00

Sibling Support Program- 4 weeks /90min \$200.00

The fee for all other child/youth group programs is \$350.00/6 weeks- 2 hour sessions.

A non-refundable \$50.00 deposit is required at the time of registration in order to secure a space. Full payment is due two weeks prior the start date.

Date: _____ Name of person completing form: _____

Please indicate the program(s) you are interested in: _____

Start date if known: _____

How did you hear about the Kids Clinic? _____

CHILD INFORMATION:

Name (with middle initial): _____

Date of Birth: _____ (Age) _____ Gender: Male _____ Female: _____

Address: _____ City: _____ Postal Code: _____

Allergies: _____

Medication or medical concerns: _____

PARENT/GUARDIAN INFORMATION:

Name (with middle initial): _____ Date of Birth: _____

Address: _____ City: _____ Postal Code: _____

Home # () _____ Cell # () _____ Work # () _____

Email * (We will use email for important correspondence): _____

I want to receive the Kids Clinic newsletter providing information about programs and services: Yes No

PARENT/GUARDIAN 2 INFORMATION:

Name (with middle initial): _____ Date of Birth: _____

Address: _____ City: _____ Postal Code: _____

Home # () _____ Cell # () _____ Work # () _____

Email * (We will use email for important correspondence): _____

I want to receive the Kids Clinic newsletter providing information about programs and services: Yes No

Marital Status: Married Separated Divorced Other _____

Parental Custody: Joint Sole Other _____

ALTERNATE EMERGENCY CONTACT (OTHER THAN PARENT):

Name: _____ Relationship to Child: _____

Home# () _____ Cell# () _____ Work# () _____

IMPORTANT INFORMATION:

Please tell me about your child's strengths _____

In what way do you hope this group will benefit your child? _____

How does your child feel about being a part of this group? _____

Has your child previously been a part of a group program? (If so, when, what was the group focus and how do you feel your child managed/benefited?) _____

Does your child have any other involvement with counselling or support services (currently or in the past)?

Who lives in the home with your child (names, relationship and ages)? _____

What are your main concerns at this time? _____

Does your child have a diagnosis, exceptionality or special needs? _____

Are any of the following a concern for your child?

Separation anxiety: _____ Physical Aggression: _____ Risk of Running: _____

If yes, please provide details: _____

Is there anything else you would like us to know? _____

Are you interested in the Kids Clinic parent/guardian support programs or parenting groups? *(Please circle)*

Yes / No (if yes, what topics are of interest to you?) _____

PARENT/GUARDIAN CONSENT FOR GROUP PROGRAMS

Thank you for expressing interest in the Kids Clinic group programs. Please be aware that intake forms and client information will be stored as confidential clinic records. While your child is participating in a Kids Clinic group, the facilitators can provide you with information about your child's participation and progress. Any information shared outside the clinic would require the permission of the client or parent/guardian (if the client is under the age of 16 or unable to provide consent).

Should you provide consent for your child to participate in group programs, parents/guardians must be aware that there are certain circumstances in which confidentiality cannot be maintained. These situations would include: (1) suspected child abuse or neglect (2) circumstances where the client has become a danger to themselves or others, (3) when information has been subpoenaed by the court. Should you have any questions about the limits of confidentiality, please feel free to contact the Kids Clinic team.

I have read and understand the limits of confidentiality. I agree to consent to my child's participation in the Kids Clinic group programs with the aforementioned conditions in mind.

Signature (parent/guardian): _____

Please print name: _____

Child's name: _____

Witnessed by: _____ Date: _____

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