

March Social Skills Program

Registration Form

Date:	Location (please circle one): Dartmouth Truro
Yarmouth New Glasgow	
Full Name of Student:	
Age: Sex:	Date of Birth:
Parent/Guardian:	Parent/Guardian:
Occupation:	Occupation:
Telephone:	Telephone:
Cell #:	Cell #:
E-mail:	E-mail:
Address:	Address:
City / Province:	City / Province:
Postal Code:	Postal Code:
If not available in an emergency	<u>v notify</u> :
Name:	Phone:
Address:	
Name:	Phone:
Address:	
*************	***********
Family Doctor:	Phone:
*Medication:	
If prescribed, please ensu	re your child has a puffer with him/her at all times.
Allergies:	

1. you	Does your child have a psycho-educational assessment? If so, are willing to share a copy with us?
2.	How would you describe your child's self esteem?
3.	What are your child's primary hobbies, interest, activities?
4.	Please use the space below to provide us with any other information that you feel is important for us to know about your child.
	
5. Is	your child a flight risk? Yes no
6. Is	your child violent towards others? Yes no

How did you hear about Turning Tides' Social Skills program?
WebsiteEmailWord of MouthDoctor/PsychologistFaxOther
Registration can be mailed to:
Atten: Angela Rudderham Bridgeway Academy 3 Valleyford Ave Dartmouth, NS B2X 1W8
Or faxed to 902 464-1147
Or emailed to angela@turningtides.ca

All payments must be made be made in full before your child's first day of attending the program. You may phone in payment by credit card to Tracy at 902 4654800 or Angela at 902 293-4801.

Payments can also be mailed to

Atten: Angela Rudderham Bridgeway Academy 3 Valleyford Ave Dartmouth, NS B2X 1W8