

## Summer Social Skills Program

### Registration Form

Date: \_\_\_\_\_ Location (please circle one): *Dartmouth* *Truro*

*Yarmouth* *New Glasgow*

Dates you wish to attend program: \_\_\_\_\_

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 notify:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\*\*\*\*\*

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Medication: \_\_\_\_\_

**If prescribed, please ensure your child has a puffer with him/her at all times.**

Allergies: \_\_\_\_\_



How did you hear about Turning Tides' Social Skills program?

- Website
- Email
- Word of Mouth
- Doctor/Psychologist
- Fax
- Other \_\_\_\_\_

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](mailto:angela@turningtides.ca)

All payments must 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