



## Summer Social Skills Program

### Registration Form

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Date: \_\_\_\_\_

Location Attending: \_\_\_\_\_

Weeks Attending: \_\_\_\_\_

Full Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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: \_\_\_\_\_

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

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

**If prescribed, please ensure your child has any life-saving medications with him/her at all times.**

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

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1. Does your child have a psycho-educational assessment? Are there any diagnosis indicated in this document?

\_\_\_\_\_

2. How would you describe your child's biggest road blocks to socializing?

\_\_\_\_\_

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. Has your child been physically aggressive towards anyone in the past year? Yes/ No. Please Describe.

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6. Is your child a flight risk? Yes/ No.

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Please forward you application to:

By mail:

Angela Rudderham  
3 Valleyford Avenue  
Dartmouth, Nova Scotia  
B2X 1W8

By Email:

[angela.rudderham@bridgeway-academy.com](mailto:angela.rudderham@bridgeway-academy.com)

By Fax:

(902) 700- 2057