



Program Application Intake Form

*Applications will ONLY be accepted **after 6:00 AM on Monday, March 25th**. Applications received before this will not be considered.

To apply for an LDANR program please complete the following steps:

- a) Fully complete form below and submit
- b) Submit supporting documents
 - a. Most recent report card or progress report (*required)
 - b. Individualized Education Plan (if applicable)
 - c. Assessments (if applicable)
 - d. Teacher Feedback Form (if possible)
 - e. Any additional information that you feel may be useful in determining your child's needs for the program.
- c) Following screening, accepted applicants will be notified closer to the start date.
- d) Following acceptance, program payment will be required. This will be outlined in the acceptance email. Subsidy and payment plans are available.

Please note: This information will be kept strictly confidential. It will only be shared with LDANR staff, program staff and volunteers working with the children.

Please remember these programs are designed for individuals with learning disabilities, not other exceptions. If unsure of eligibility, contact the office prior to completing the form at (905) 641-1021 or info@Ldaniagara.org.

***Please check:**

- Non-Member
 Current Member

***Has your child participated in LDANR programming previously?**

- Yes
 No

IF YES: Program:

Month/Year:

How did you hear about the LDANR?

- Flyer/Brochure
 Friend/Family Member
 LDANR Communication (email, website, etc.)
 Your School/Teacher
 Other (Please specify)

***Participant's Last Name:**
***Participant's First Name:**

***Birth date (dd/mm/yyyy):**
***Age:**
***Grade:**

***Guardian's Last Name:**
***Guardian's First Name:**

***Address:**

***City:**
***Postal Code:**

Phone number of where the parent and/or guardian can be reached during the class.

(Father) Home: _____ **(Mother) Home:** _____

(Father) Cell: _____ **(Mother) Cell:** _____

***(Guardian) Home :** _____ ***(Guardian) Cell:** _____

***** Please note that our main correspondence is via email; Please ensure the agency has the most current email address at all times. *****

***Email Address:**

**If you do not have an email address, please provide a phone number to contact in case of program cancellations.

***Who does the child reside with?**

***Who has custody of the child?**

Doctor: _____ **Phone Number:** _____

***Emergency Contact (other than names listed above):**

1. Name: _____ **Phone Number:** _____

2. Name: _____ **Phone Number:** _____

***Person(s) Dropping Off and Picking Up:**

Mom:

Dad:

Other

Name of other: _____ **Phone Number:** _____

***GUARDIANS ARE RESPONSIBLE TO KEEP THE LDANR INFORMED IF THEIR CHILD IS GOING TO BE PICKED UP BY A PERSON OTHER THAN THOSE LISTED ABOVE.**

***Does your child have a formal diagnosis of a learning disability? (i.e. reading disability (dyslexia), math disability (dyscalculia), Auditory Processing Disorder):**

Please visit LDANR website for the definition of a learning disability.

Yes – Type of LD:

No

I don't know

IF YES: Who made the diagnosis?

When?

****To be accepted into the program your child does not have to be formally diagnosed with a learning disability, but must show signs of having a potential learning disability.***

***Is your child diagnosed with other exceptionalities (i.e. AD(H)D, OCD, Autism, Intellectual Disability)?**

Please list all exceptionalities and dates of diagnosis:

If your child receives any special education support through school, what category is your child placed in through the school? If unsure, ask your child's teacher.

***Specify what areas your child struggles with because of their learning disability even if they do not have an official diagnosis (i.e. social skills, reading difficulties, math difficulties).**

***What are your child's strengths and weaknesses in relation to their learning disability?**

***Does your child tire quickly when completing academic tasks?**

Yes

No

***How does your child function in a group (i.e. size of the group)?**

***Please identify any behavioural issues LDANR should be aware of (i.e. aggression):**

***Does your child follow verbal directions well?**

***Does your child follow written directions well?**

Does your child have any special interests, abilities, hobbies, sports?

What embarrasses your child most (i.e. difficulties in group setting)?

Is there any additional information you would like us to know about your child?

***School child is currently attending:**

***Present Grade:**

***Academic Level (MUST provide *grade level of performance; if unsure ask child's teacher*)**

- Reading:
- Spelling:
- Writing:
- Math:

***Is your child currently on an Individualized Education Plan (IEP)? (If yes, please submit a copy of the IEP with other supporting documents after completing this application)**

- Yes
 No

***Present Placement:**

- Regular Class
 Regular Withdrawal Support
 Special Class
 Other:

***Does your child have any allergies or nutritional alerts? If so, please list them in the space provided.**

***Does your child have any SEVERE allergies requiring an EpiPen?**

- Yes
 No

***Will your child need to have medication administered during the program? Please note medication will only be administered by LDANR during day programs.**

- Yes
 No

Does your child have:

- Corrective lenses
 Hearing Impairment
 Hearing Aid(s)

Has your child participated in:

- Speech therapy
- Visual therapy
- Motor therapy
- Psychotherapy

Program Selection

***Please select which programs you are applying for** (visit the program page on the LDANR website to read about the program specifics):

***Cost: After-school Programs**

Non-LDA Member fee: \$100 | LDA Member Fee \$65 ** subject to change

Full-day Summer Program (S.L.A.M.)

Non-LDA Member fee: \$225/week | LDA Member Fee \$175/week

Annual family LDA Membership fee is \$50. For more information on the LDA membership program please visit our website www.ldaniagara.org

*Subsidy available. To complete a subsidy request visit <http://ldaniagara.org/programs/financial-aid/>

- Reading Rocks** (Grades 2 – 10)
- Reading Rocks Junior** (ELKP and Grade 1)
- Let’s R.E.A.D** (Grades 2 – 4)
- B.E.S.T.** (Grades 3 – 5)
- S.M.A.R.T. Math** (Grades 4 – 6)
- S.L.A.M. Summer Camp** (Ages 6 – 11)

***Please select the location in which you wish to participate. Visit the program page on the LDANR website to see what locations the program is being offered in:**

- St. Catharines
- Welland
- Beamsville
- Niagara Falls
- Fort Erie
- Port Colborne
- Fonthill

In the event that your location of choice fills up, would you be interested in a different location? If yes, which location(s)?

***Please select the days of the week that you are available for your child to attend program. Check all that apply. Visit the program page on the LDANR website to see what days the program is being offered on:**

- Mondays & Wednesdays
- Tuesdays & Thursdays
- Wednesdays only (*B.E.S.T.)
- Full-day Monday – Friday (*S.L.A.M.)

Waivers and Conditions of Enrollment:

1. I hereby authorize photographs and/or videotaping to be taken of my child while at the Learning Disabilities Association of Niagara Region (LDANR) for the purpose of promoting LDANR's programs.
2. I hereby authorize the administration of any and all emergency medical attention that my child might require as a result of injury or sickness while attending Learning Disabilities Association of Niagara Region programs.
3. I hereby agree to comply with the Learning Disabilities Association of Niagara Region policy on violence and harassment. This is with the understanding that non-compliance may result in my removal from LDANR programming, thereby requiring a designate to pick-up and drop-off my child.
4. I hereby release the Learning Disabilities Association of Niagara Region, its directors, staff, agents and members from any loss, personal injury, accident, misfortune or damage to the above-named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named participant.
5. I understand that the information collected on this form will only be used to assess my child's eligibility for programming, to make the Learning Disabilities Association of Niagara Region aware of any medical or allergy concerns for my child, and to ensure safe pick-up and drop-off of my child. This information will only be shared with LDANR staff.
6. I understand that for the program to be effective, and out of respect for the program volunteers and those who did not get a spot in the program, LDANR requests that families commit to attending each session of the program. If attendance is irregular or too many sessions have been missed the participant will be asked to leave the program to open the spot up to another participant.
7. I understand that for the safety of the volunteer staff and other participants, LDANR has the right and responsibility to take actions such as phone calls home and possible dismissal from program if a child exhibits continual inappropriate behaviour.
8. I understand that the LDANR charges a fee for our programs, which must be paid prior to the program start date. For more information on program fees, please visit the program-specific pages on the LDANR website. If families require financial aid to access the program, families may apply for subsidy by filling out a Subsidy Application Form.
9. I understand that for a program to run, enough eligible participants have to apply for the program. If there is low enrolment, LDANR has the right to cancel any program at any time.
10. I understand that, if the LDANR must cancel a program date due to circumstances outside of their control (e.g., inclement weather), no refunds will be issued. The LDANR will make an effort to reschedule the cancelled session where possible, but there is no guarantee that a cancelled session will be made up.
11. I understand that program promotion may include advertising on the following LDANR platforms: Twitter, Facebook, website, annual report, program pamphlets, newsletter, and powerpoint presentations. External advertisement may include: newspaper or TV Cogeco coverage. If you do not wish to authorize a specific form of advertisement listed above, please make note in the comment section below, or contact the LDANR office.
12. I understand that data is collected from LDANR programs to be used when reporting to funders/sponsors. All information used for reporting purposes is kept confidential and only used by LDANR staff. Participant names are removed and participant data is kept anonymous. Possible data sources used for reporting purposes include test scores, pre and post tests, ages, type of LD diagnosis. If you do not wish for your child's assessment data to be used for research purposes, please make note in the comment section below, or contact the LDANR office.

Deadline for applications for all programs is two weeks prior to the start date of the program unless stated otherwise.

PAYMENT INSTRUCTIONS AND CANCELLATION POLICIES

*Prior to making any payments, please wait to receive notice of your child's acceptance into the program you've applied for. Payments can be made with **cash, cheque** (payable to Learning Disabilities Association of Niagara Region), **PayPal** (see membership page) or **Mastercard/Visa** by calling the LDANR office.*

Cancellation policy: Cancellations must be made at least one week prior to program start in order to receive a refund. A \$10 administration fee may apply. Cancellation for SLAM must be made two weeks prior to program starting in order to receive a refund. **Please note that membership payment will not be refunded.**

APPLICATION FORMS THAT ARE INCOMPLETE OR THAT DO NOT HAVE THE RELEVANT SUPPORTING DOCUMENTS WILL NOT BE ACCEPTED.

I have read and hereby accept the above waivers and conditions of enrollment and give the LDANR permission to share my child's information with the appropriate staff and program volunteers.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
I give consent to the LDANR to email me with important program-specific information and details (please note our main method of correspondence is email)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
I give consent to add my email address to any future mailing lists or notifications sent by LDANR and LDAO. (Program application dates, newsletters, upcoming events/fundraisers). Please note, you can unsubscribe at any time and other than this communication, LDANR/LDAO will not contact you directly nor give out mailing/email lists to anyone outside the relevant chapter to which they belong.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

***Parent's / Guardian's Signature**

***Date**

As a non-profit organization, LDANR relies on Bingo funds to keep our program costs low. However, to receive these funds we must have two (2) volunteers attend each assigned Bingo session (1-2 per month). **Please indicate below which Bingo sessions, if any, you would be interested/available to volunteer at:**

- Niagara Falls Bingo** (1-2 Wednesdays/year; 3:00 – 5:30 pm)
- St. Catharines Bingo** (1-2 Sundays/year, 7:30 – 9:30 pm)
- Those dates/times do not work for me.**

How else would you support the LDANR? (check all that apply)

- Attend fundraising events**
- Volunteer at fundraising events**
- Sponsor/donate to event**
- Social Media Sharing**

Questions/Comments: