

<b>First Name:</b>	<b>Last Name:</b>
<b>Street:</b>	<b>Unit:</b>
<b>City:</b>	<b>Postal Code:</b>
<b>Home Phone #:</b>	<b>Cell #:</b>
<b>Email Address:</b>	

<b>In Case of Emergency, please provide information on two (2) persons to contact:</b>			
Name:		Name:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	

<b>Information we need to best support you</b>	
<p><b>Medical Considerations:</b> (Conditions, food allergies, seizures, mental health, etc.)</p>	
<p><b>Support Needs:</b> (Do you experience anxiety, high levels of stress, or have any behaviours you feel we should be aware of? Are there any “triggers”?)</p>	
<p>What do you do to help yourself when you are having a hard time, and how can we help?</p>	