



CHILD'S AND GUARDIAN INFORMATION

Today's Date _____

Primary Diagnoses: _____

Secondary Diagnoses: _____

Child's last Name _____

First Name _____

Middle Name _____

Birth date: _____

Age: _____

Sex: M F

Home Address _____

City _____

Postal Code: _____

Parent/ Guardian name: _____ Relationship: _____

Home phone no.: _____ Cell phone no.: _____

Parent/ Guardian name: _____ Relationship: _____

Home phone no.: _____ Cell phone no.: _____

Consent to send information by Email. Email Address: _____

OTHER CHILD CARE PROVIDER NAME

CELL NUMBER

HOME/WORK

CHILD PROFILE

Has your child attended Social Butterflies before: Yes No Is this child in ministry care: Yes No

Please describe any other services or similar programs your child has attended in the past or any services your child is currently accessing including Speech and Language Pathologist and/or occupational therapist:

Current / Previous Daycare / Schools attended: _____

Is your child toilet trained: Yes No Does your child have accidents? Yes No

How often? What assistance do they require with toileting routines? _____

Special Diet Restrictions: _____

Please list the main goals you have for your child with their attendance in this program:

Please describe how your child currently interacts with their peers:

Strategies that have worked well for your Child? _____

How did you hear about our services? _____

I am signing up for _____, on _____ at _____
Group Name Day Time

Would you like more information about: Groups School Programs Summer Camps
 Under 6 years of age OR Over 6 years of age
 Intervention Behaviour Support Life Skills

Other _____

TERMS OF AGREEMENT

I confirm that the above information is true to the best of my knowledge.

I, the parent/guardian of the child named above give permission for Social Butterflies Activities and Learning Ltd Behaviour Consultants and Behaviour Interventionists to discuss my child's needs for their groups and programs.

I understand that my child's participation in this program is at the discretion of the staff. If the staff feel that this program is not a good fit for my child, then they will no longer be able to attend. I will not be charged for the remaining sessions in this case.

I agree to the collection of information for the purposes of advisement of therapeutic services and service agreement.

CONFIDENTIALITY

Social Butterflies Activities and Learning Ltd. holds confidentiality at a high standard in order to protect your privacy. It is a priority for Social Butterflies Activities and Learning Ltd. to treat any information shared by your family with our clinical team as strictly confidential.

There are a few exceptions to this agreement in which Social Butterflies Activities and Learning Ltd. is required **BY LAW**, to report to the appropriate authorities. These include:

- A court order from a Judge to release information to the court.
- If a risk of abuse to a child or vulnerable adult is disclosed. This is not only required by Social Butterflies Activities and Learning Ltd. employees, but by any B.C. adult. This information must be disclosed to the proper authorities, by law.
- If any of our clients threaten or are in danger of harming themselves or someone else, Social Butterflies Activities and Learning Ltd. is required by law to inform the proper authorities.

For more information on the Information and Privacy Act please see this website: [Legislation - Office of the Information and Privacy ...](#) <https://www.oipc.bc.ca/about/legislation/> www.oipc.bc.ca

We enforce two pieces of legislation. The Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Information Protection Act (PIPA).

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____