



Participant's Name _____

KARE PLACE FOR KIDZ INC.

Year-Round 2025 Application Form

PARENT INFORMATION

Parent 1/ Legal Guardian name _____

Parent 1/ Legal Guardian phone number _____ Parent 1/ Legal Guardian email _____

Parent 2/ Legal Guardian name _____

Parent 2/ Legal Guardian phone number _____ Parent 2/ Legal Guardian email _____

STUDENT INFORMATION

Student First & Last Name _____

Birth Date _____ Grade Level _____ Age _____ Gender ☐ Male ☐ Female

Student Identification

Please Indicate:	Communication:	Verbal	Non-verbal	
	Toileting:	Independent	Assisted	Full Support
	Mobility:	Independent	Assisted	Non-mobile

Student specific needs

Does your student have a Behaviour Safety Plan? If so what are his/her triggers? What actions are taken to reduce behaviour/ agitation?

PROGRAM SESSION SELECTION

Tuesdays and Thursdays:

Time: 5 pm to 8 pm

Wk: \$100 +HST

Mth: \$375 +HST

Saturdays Only:

Time: 10 am to 5 pm

Wk: \$115 +HST

Mth: \$425 +HST

All Three Days

Time: Tues & Thurs: 5pm - 8pm Sat: 10am - 5pm

Wk: \$200 +HSTw

Mth: \$725 +HST

Please note any allergies and child concerns.