**SBC Social Skills Program Registration Form**

*Please complete and return to SBC with registration fees*

Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number *(in cases of class cancellations, changes to upcoming class, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

E-mail *(if you wish to receive information regarding upcoming classes):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Class Name** | **Class Dates** | **Support Staff** | **Cost** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **Total Cost:** |  |  |

|  |
| --- |
| Please list any applicable allergies, sensitivities, or medical needs/conditions that we should be aware of: |

**Please read:**

This program is designed for adults 18 years and older with developmental disabilities. Participants must have their own transportation to and from SBC. Participants requiring support before, during, or after class must be accompanied by their own support staff. By registering for the program, you agree that any behaviours by the participant that puts the participant, others, or property at risk will result in the participant leaving the program (continued attendance may be reviewed with you).

Payment: Cash  Cheque *(made payable to “Springboard Centre for Adults with Disabilities”)*

Please mail or deliver payment to: Springboard Centre for Adults with Disabilities

 #14, 2115-27th Ave, NE, Calgary, AB T2E 7E4

**\*For further inquiries, please call or email Edina Campbell at:** **ecampbell@springboardcentre.ca** **/403-248-7071 or Marc Dunca at:** **mdunca@springboardcentre.ca****/403-248-7071**