



Participant Registration Form

Participant Information

Name:	Age:
	DOB:

Allergies:	Medical: <i>(Please list any medical conditions or related information the facilitator may need to know in case of emergency in the program. (Ex. Epi pens, medications, physical assistive device info etc.)</i>
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The participant will be: Independent Accompanied with 1:1 Support

Additional Information: *(Please list any other additional information regarding the participant the facilitator should know to ensure any sensitivities may be avoided during the program. (ex. loud noises, certain music, changes in schedule etc.)*

Parent/Guardian Contact Information

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Pick Up Info *(if applicable)*
Please list **all** names of those who have permission to pick up the participant from the program and their relationship to the participant:

Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____



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SESSION BOOKING Please select which dates and times you would like to register the participant for. For more details on the specific targets focused on in each session, you can refer to the provided monthly calendar.	Session Fee: 1 hour \$25 <i>or</i> 2 hours \$45
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Wed. Aug 3	<input type="checkbox"/> 10:00am-11:00am <input type="checkbox"/> 11:00am-12:00pm	Mon. Aug. 22	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00am-12:00pm
Fri Aug 5	<input type="checkbox"/> 10:00am-11:00am <input type="checkbox"/> 11:00am-12:00pm	Wed. Aug 24	<input type="checkbox"/> 10:00am-11:00am <input type="checkbox"/> 11:00am-12:00pm
Mon. Aug 8	<input type="checkbox"/> 10:00am-11:00am <input type="checkbox"/> 11:00am-12:00pm	Fri. Aug 26	<input type="checkbox"/> 10:00am-11:00am <input type="checkbox"/> 11:00am-12:00pm
Wed. Aug 10	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00pm-12:00pm	Mon. Aug 29	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00pm-12:00pm
Fri Aug 12	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00am-12:00pm	Wed. Aug 31	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00am-12:00pm
Mon Aug 15	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00am-12:00pm	Thank you for your interest in BuddyUp! 😊 Upon submitting your registration form, you will receive an email to confirm your requested session dates and times. Please submit your registration form to abaonthegoinfo@gmail.com	
Wed Aug 17	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00am-12:00pm		
Fri Aug 19	<input type="checkbox"/> 10:00am-11:00pm <input type="checkbox"/> 11:00am-12:00pm		