

C.A.R.E. Day Program Application

(Community • Accessibility • Recreation • Engagement)

Program Description

The CARE Day Program (Community, Accessibility, Recreation, Engagement) is designed to provide meaningful opportunities for individuals of all abilities to connect, learn, and grow in a supportive environment. Through recreation, creative expression, social activities, and skill-building experiences, participants will enhance independence, foster friendships, and build confidence. The program is rooted in the values of inclusion and accessibility, ensuring every participant has the opportunity to thrive and contribute within their community.

SECTION 1 – Program Information

Program Name:	CARE – Community, Accessibility, Recreation, Engagement
Program Location:	Reid Community Center
Programming Dates:	
Application Deadline:	

SECTION 2 – Participant Information

Participant Name:	
Date of Birth (YYYY-MM-DD):	
Home Address:	
City / Postal Code:	
Phone:	
Email:	
Gender:	
Proof of Residency:	Copy of ID or utility bill required

SECTION 3 – Guardian Information

Guardian #1 (Name / Relation):	
Phone:	
Email:	
Guardian #2 (Name / Relation):	
Phone:	
Email:	

SECTION 4 – Medical Information

Primary Diagnosis:	
Secondary Relevant Diagnosis:	
Allergies:	
Medication required to regulate symptoms:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication administered at:	<input type="checkbox"/> Home <input type="checkbox"/> Program
Seizures – Date of last seizure / Duration:	
Other medical info:	

SECTION 5 – Support Information

Anticipated Support Level:

- ☐ Minor adaptations/accommodations (general staff support sufficient)
- ☐ Support/respite staff provided independently (by caregiver or agency)
- ☐ Unsure – would like to discuss

Supports currently in place (check all that apply):

- ☐ ABA Therapy ☐ Behaviour Management Specialist ☐ Speech-Language Pathology
- ☐ Respite/Support Worker at home ☐ Student Assistant at school (☐ Shared ☐ One-on-one)
- ☐ Other: _____

SECTION 6 – Participant Abilities & Needs

Personal Care:	<input type="checkbox"/> Independent <input type="checkbox"/> Needs Assistance: _____
Communication:	<input type="checkbox"/> Verbal <input type="checkbox"/> Limited verbal <input type="checkbox"/> Sign Language <input type="checkbox"/> Device: _____
Mobility/Coordination:	<input type="checkbox"/> Walks independently <input type="checkbox"/> Uses mobility aid: _____
Strengths:	
Support Needs:	
Safety Concerns:	
Stress/Anxiety Triggers:	
Calming Strategies:	

SECTION 7 – Consent & References

Consent:	I confirm the information is accurate and consent to staff contacting listed professionals.
Professional Reference: (healthcare professionals, respite workers, support workers, or student assistants/EAs)	Name: _____ Role: _____ Phone/Email: _____
Signature:	_____ Date: _____

SECTION 8 – Privacy Notice

The personal information collected in this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and will be used to assess support needs for participation in the CARE Day Program.

For all inquiries or application submissions, please contact: bpelley@mountpearl.ca

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