

Child's Name: _____ Birthdate: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Manitoba Health PIN: _____

PARENT INFORMATION

Mother's Name: _____ Res Tel: _____ Bus Tel: _____

Address: (if different from above) _____

Mother's Cell: _____ Email: _____

Father's Name: _____ Res Tel: _____ Bus Tel: _____

Address: (if different from above) _____

Father's Cell: _____ Email _____

EMERGENCY CONTACT (if parents can not be reached)

Name: _____ Relation: _____ Tel: _____

Name: _____ Relation: _____ Tel: _____

CHILD'S INFORMATION

Diagnosis: _____

Symptoms of condition: _____

What services/therapies/treatments are being used? _____

Pediatrician: _____ Tel: _____ Fax: _____

Physio/Occupational Therapists: _____

Other Specialists: _____

Daycare / Preschool / School: _____ Tel: _____

Daycare Worker / T.A. Name: _____

Does your child have seizures? YES NO

If yes, please describe:

Action to be taken in the event of a seizure:

Does your child have any known allergies? YES NO

If yes, please list and describe reaction:

Is your child currently on any medication? YES NO

If yes, please describe below:

Medication	Dose/frequency	Reason for use

Does your child have any hearing difficulties? YES NO

If yes, please describe:

Does your child have any visual difficulties? YES NO

If yes, please describe:

Were there any complications during pregnancy or at birth?

At what age was your child's condition first noticed?

By whom?

Please indicate below which milestones have been reached and at what age.

Lifting head _____ Rolling over _____ Sitting _____

Pull to stand _____ Standing _____

Walking _____ Making sounds/babbling _____

Saying words _____ Fluent speech _____

What methods of communication does your child have?

Is your child toilet trained? YES NO

Has your child had any surgery? YES NO

If yes, please give details:

Please list your child's:

Likes: _____

Dislikes: _____

Aims and Goals for Conductive Education:

How did you hear about Conductive Education and The Movement Centre?

What are your child's aims?


What are your aims?

Other Information / Comments:

Signature (Parent/Guardian)

Date _____

IMPORTANT – PLEASE READ CAREFULLY

Note:  We are a peanut free environment.

GETTING STARTED - Once The Movement Centre receives your completed pre-assessment form, our program facilitator will contact you to discuss it further. If they feel that Conductive Education may benefit the child, they will discuss a suitable time to bring the child here for an assessment. It will take approximately an hour and we ask that the child wear loose, comfortable clothing. The fee for the assessment is \$75. The Conductor will provide recommendations based on the current programs offered. A written assessment report will be mailed at a later date. Placements are at the discretion of the Conductor and are subject to change.

FEES / COSTS – Fees charged reflect a highly subsidized rate of \$20/hour and are to be paid by the family on or before the start of the program block. An official tax receipt is issued to the family for which you can claim under medical expenses when filing your annual income tax return. Because fundraising initiatives are held throughout the year in order to maintain this subsidized rate, it is expected that all families assist and volunteer in fundraising efforts. Agencies that pay fees on behalf of the family are subject to a non-subsidized rate of \$30 per hour per child per program.

Assessment Fee - \$75 (due at time of assessment)

Annual Membership (Jan – Dec) - \$25 (active participants must be members in good standing)

Program Costs – Invoices are issued according to program blocks which are generally 6 – 12 weeks each. For example purposes only; a family that pays for their child to attend a 2 hour session once per week for 6 weeks would cost them \$240.00. This fee would be due on or before the first day of the program, however if you prefer to pay after the start date or select a payment plan, a \$20 late fee will apply.

Option – To help offset some of your costs for Conductive Education, we are happy to offer our clients a “family fundraising” opportunity through a Mom’s Pantry & Movement Centre initiative. If you are interested in hearing how this works, or if you have any other questions, please contact the office at 489-2679.

Name of Participant: _____

Date: _____

I, _____, hereby consent to the following:
(Participant, parent, guardian or caregiver)

1. Take / release photos and/or videos for the purpose of advertising / public relations regarding The Movement Centre of Manitoba Inc programs or facilities.

YES NO

2. Provide/release information to healthcare and/or education providers.

YES NO

Name of Parent/Guardian/Caregiver: _____
(print)

Signature of Parent/Guardian/Caregiver: _____
(if participant is under 18 years of age)

Signature of Participant or Caregiver: _____
(if participant is over 18 years of age)

If at any time you choose to make changes to this form, please let us know and we will replace it accordingly.

Thank you.

Conductive Education
Teaching Independence – Transforming Lives