

HALIFAX CONDUCTIVE EDUCATION PROGRAM REGISTRATION DEADLINES:

- Fall 2017 This form must be received by no later than **Friday, August 18, 2017**
- Winter 2018 This form must be received by no later than **Friday, November 17, 2017**
- Spring 2018 This form must be received by no later than **Friday, March 2, 2018**

Section A: Contact Information (please fill out completely)

Participant's First Name:		Participant's Last Name:	
Address:			
City:	Province:	Postal Code:	
Area Code / Telephone:	Area Code / Fax:	E-mail Address:	

Section B – Classes and Payment Information

Please indicate the session you are interested in registering for as well as your class preference. Please note that preferences will be taken into consideration, but not guaranteed.

<p>Session:</p> <p><input type="checkbox"/> Fall 2017: Commences Monday, September 18</p> <p><input type="checkbox"/> Winter 2018: Commences Tuesday, January 2</p> <p><input type="checkbox"/> March Break CP Overnight Camp Brigadoon Village 2018</p> <p><input type="checkbox"/> Spring 2018: Commences Monday, April 2</p> <p>*By checking the 2018 sessions along with Fall 2017, this will save you time and paperwork if you know you plan to attend.</p>	<p>Classes: Fall 2017</p> <p>Weekly Classes</p> <p><input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week</p> <p>(please indicate your top preferences by writing 1, 2 and 3 in the boxes below)</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Preferred time of day: _____</p> <p><input type="checkbox"/> Child CP After School Class 4:00-5:30 (day TBD)</p> <p>*Please note this class must have a minimum number of children to run</p> <p><input type="checkbox"/> Music Therapy* (alternating weeks) Tuesdays 3:00pm - 4:00pm Junior group (3-13 years) Senior group (14 years- adults)</p> <p>*Please note the cost of this class will depend on enrollment and we require a minimum number of registrants to run.</p> <p><input type="checkbox"/> Intensive (5 days/ week for 1 week)</p> <p><input type="checkbox"/> School/Home Visit This is a service offered where we can come to your school or home once a session to offer advise/support- the cost is \$50 per hour plus travel time.</p>
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NOTE For more information please contact Beth Lynch at 1-902-444-1090, or blynch@marchofdimes.ca

Hourly Tuition for 2017-2018 is:

- Child Group Rate: \$40.00/hour Adult Group Rate: \$25.00/hour Individual Rate: \$50.00/hour

Payment:

March of Dimes will invoice you for the full amount of classes at the beginning of each session. The invoice will be sent to you by mail.

Donation:

I am making a donation to the Conductive Education® Program in the amount of: \$_____ by:

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Participant Name:

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Section C: Change of Information/Condition

Please add any other information that you feel may be relevant for the Conductor to know (e.g., schedule changes, changes in condition, other therapies, additional hours, contact info, emergency contact info, etc.):

Section D: Terms and Signature

- The Conductor determines participant placement in classes
- March of Dimes does not reimburse funds for cancelled classes. In the event that a class is cancelled due to inclement weather or Conductor illness, a credit will be applied to your account for future registrations.
- Tuition is pro-rated to accommodate holidays (e.g., Thanksgiving weekend Saturday)
- Tuition is subject to change without notice, although MODC will attempt to provide participants with advance notice of tuition changes.
- Tuition must be paid in full regardless of the number of days a participant may attend. Credits and/or make-up classes are not provided for vacation, miscellaneous absence, or illness.
- Make-up classes or credits are not provided for missed classes.
- In the event that an applicant withdraws from the program prior to the start date, the deposit is non-refundable. If sufficient notice is provided and the spot is filled, a refund less 10% administration costs or deposit transfer to another course may be allowed at the discretion of the Conductive Education Manager.

I have read and agree to the terms above:

Name of Applicant/Substitute Decision Maker (<i>print name</i>):	Signature:	Date (<i>mm/dd/yy</i>):
Name of Witness (<i>if applicable – please print</i>):	Signature:	Date (<i>mm/dd/yy</i>):

Submit to: Conductive Education® Program
March of Dimes Canada
7071 Bayers Road, Suite 276, Halifax, NS, B3L 2C2

Fax 1-902-444-3692

Phone 1-902-444-1090

Email blynch@marchofdimes.ca