MARCH OF DIMES CANADA LA MARCHE DES DIX SOUS DU CANADA

Program Application
Child Conductive Education® Program

Thank you for your interest in Conductive Education®.

Conductive Education® is a community rehabilitation program offered through March of Dimes Canada, whose mission is to maximize the independence, personal empowerment, and community participation of people with disabilities.

Designed specifically for people with neurological motor disorders, Conductive Education® offers an alternative group setting approach to rehabilitation for people living with Cerebral Palsy, Spina Bifida, Multiple Sclerosis, Stroke, Parkinson's, and Acquired Brain Injury

Thousands of Canadians are diagnosed with the above conditions each year, and Conductive Education® and March of Dimes Canada are here to offer help and support to these individuals and their families.

Everyone involved in Conductive Education® knows that progress is possible, regardless of age, disability, or the amount of time since diagnosis, and it is this shared belief that creates a positive, motivating, and inspiring environment which is conducive to learning.

In Conductive Education®, each person is viewed and treated as an individual, with individual needs and circumstances. As such, there is no "one size fits all" approach to attendance. No referrals are required for the program and a conductor will be able to make a recommendation regarding attendance after an initial consultation has been held.

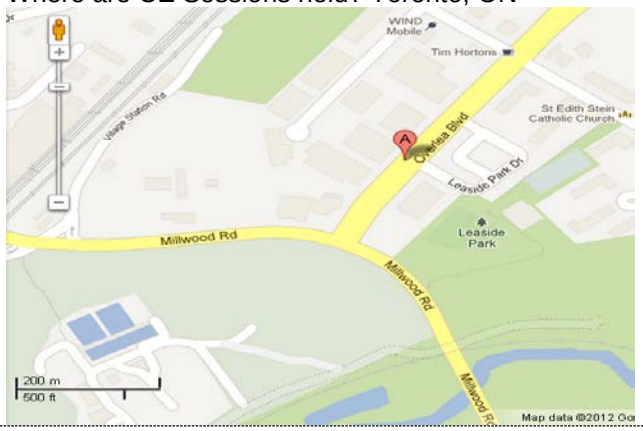
A completed application form is required for each child that attends the CE program. Conductors use this information to assess and place the child in the appropriate group and to prepare the task series for each child in advance of their attendance. All information collected will be kept confidential. Please print the child's name and the signatory initials on the top of each page.

How do I get my child involved?

- After submitting this application form, a member of the CE team will contact you to set up an initial consultation. (Contact information is listed below)
- At the initial consultation, the team will meet with you and your child to explain more about the CE program. At the consultation we will go through a series of movements to see where your child is with his or her learning, and talk about aims that can be set for your child, if you choose to have him or her attend the program. A full consultation report is written and will be shared with you.
- CE is currently not covered by health and insurance plans.

Toronto, Ontario Location:

Where are CE Sessions held? Toronto, ON



This form can be mailed, faxed or emailed to our CE team at:

Mail:
March of Dimes Canada
Conductive Education® Program
10 Overlea Boulevard
Toronto, ON M4H 1A4

Fax: 1-416-425-1920,
Attention: Conductive Education® Team
Email: ce@marchofdimes.ca
Phone: 1-800-263-3463 / 416-425-3463, ext. 7262

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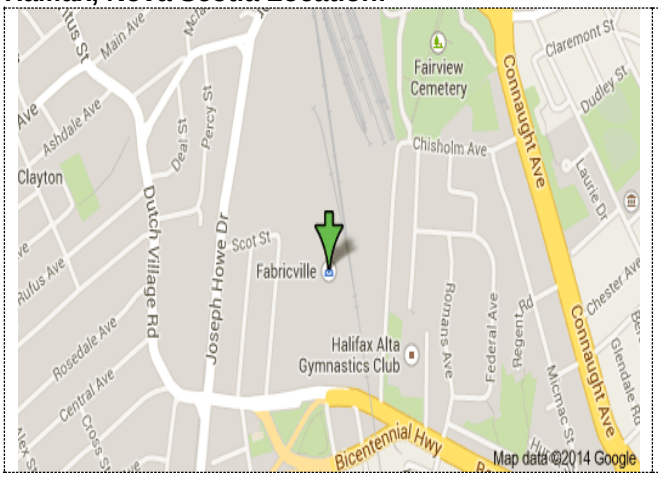
Participant's Name:	Signatory Initials:

Halifax, Nova Scotia Location:

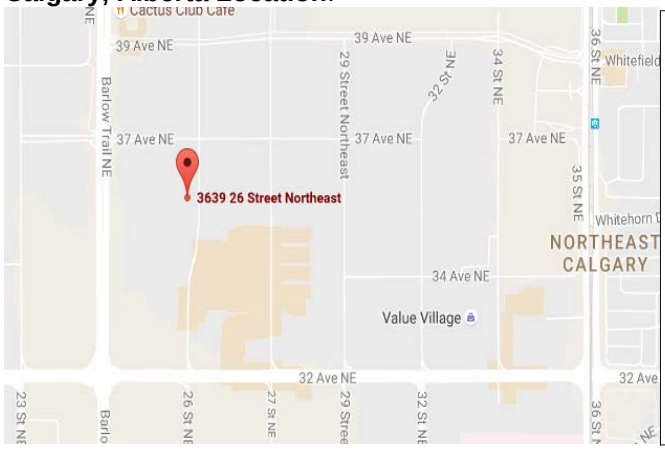


This form can be mailed, faxed or emailed to our CE team at:

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

Fax: 902-444-3692
Attention: Conductive Education® Team
Email: ce@marchofdimes.ca
Phone: 902-444-1090

Calgary, Alberta Location:



This form can be mailed, faxed or emailed to our CE team at:

Mail:
March of Dimes Canada
Conductive Education® Program
3639 26 St NE
Calgary, AB, T1Y 5E1

Fax: 403-263-8954
Attention: Conductive Education® Team
Email: ce@marchofdimes.ca
Phone: 403-473-4920

Thank you for considering the CE program through March of Dimes Canada. We look forward to working with you and helping you achieve greater independence.

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Program Application
Child Conductive Education® Program

Child's Name:	Signatory Initials:

Child's Information

First Name:	**Initial(s):**	**Last Name:**
Name Commonly Used:		**Gender:** ☐ Male ☐ Female
Address:		
City:	**Province:**	**Postal Code:**
Date of Birth *(mm/dd/yy)*:	**Health Card No.:**	**Version Code:**

Child lives with: ☐ Parents ☐ Mother ☐ Father ☐ Guardian(s)

Parent(s)/Guardian(s) Information

Mother/Guardian Name:		**Father/Guardian Name:**	
Home Phone:		**Home Phone:**	
Work Phone:		**Work Phone:**	
Cell Phone/Pager:		**Cell Phone/Pager:**	
E-mail:		**E-mail:**	
Address: ☐ same as child *or:*		**Address:** ☐ same as child *or:*	
City:		**City:**	
Province:	**Postal Code:**	**Province:**	**Postal Code:**

Emergency Contact(s) Information

#1 – Name of Contact:		**#2 – Name of Contact:**	
Relationship to child:		**Relationship to child:**	
Address:		**Address:**	
City:		**City:**	
Province:	**Postal Code:**	**Province:**	**Postal Code:**
Home Phone:		**Home Phone:**	
Work Phone:		**Work Phone:**	
Cell Phone/Pager:		**Cell Phone/Pager:**	
E-mail:		**E-mail:**	

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Child's Name:	Signatory Initials:

Medical History

Primary condition(s):	**Method of referral to Conductive Education®:**
First indication of condition:	**Date of diagnosis:**

Operations/hospitalizations:

Additional comments (symptoms of condition, secondary conditions, etc.)

History of Pregnancy and Birth Details

Number of children in the family:

Please list all siblings (names and ages):

If twin/multiple, other sibling's condition:

Complications during pregnancy, delivery or post-delivery: ☐Yes – give details below ☐No

Length of pregnancy:		**Child's weight at birth:**
Any breathing problems: ☐Yes ☐No		**Was oxygen administered?:** ☐Yes ☐No **If yes, for how long?:**
Tube feeding: ☐Yes ☐No	**Seizures:** ☐Yes ☐No	**How long was special care required?:**

Medication administered/prescribed at birth:

Tests: ☐MRI ☐CAT Scan ☐Other (specify):

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Child's Name:	Signatory Initials:

Current Health Information

Child's height: ☐in ☐cm	**Child's weight:** ☐lbs ☐kgs

General health: ☐Good ☐Average ☐Poor

Comments:

Give the last approximate dates of immunizations in the chart below:

Immunization	Date *(mm/dd/yy) -approximate*	Immunization	Date *(mm/dd/yy) -approximate*	Immunization	Date *(mm/dd/yy) -approximate*
Tetanus		Polio		Pertussis	
Diptheria		HIB		Other:	

Contractures/dislocations:

Hip X-ray *(current or last)***:**

Seizure/epilepsy: ☐Yes ☐No

If yes, please describe frequency, length and type:

Head Development

Circumference: ☐in ☐cm	**Microcephaly:** ☐Yes ☐No
Macrocephaly: ☐Yes ☐No	**Hydrocephalus (shunt):** ☐Yes ☐No

Motor Development *(check the most appropriate answer)*

Can your child…?		Comments
Lift his/her head	☐ Yes ☐ No	
Crawl	☐ Yes ☐ No	
Turn over	☐ Yes ☐ No	
Roll	☐ Yes ☐ No	
Sit with support	☐ Yes ☐ No	If yes, explain:
Stand with support	☐ Yes ☐ No	If yes, explain:
Walk with support	☐ Yes ☐ No	If yes, explain:
Sit unsupported	☐ Yes ☐ No	
Stand unsupported	☐ Yes ☐ No	
Walk unsupported	☐ Yes ☐ No	
Transfer toys from one hand to the other	☐ Yes ☐ No	
Put hands together in midline (clap, clasp)	☐ Yes ☐ No	
Dominant hand:	☐ Right ☐ Left	

General Comments:

Child's Name:	Signatory Initials:

Vision		
Date of last test:	**Where:**	**Outcome:**
Glasses: ☐ Yes ☐ No	**Laser Surgery:** ☐ Yes ☐ No **If yes, when:**	
Hearing		
Date of last test:	**Where:**	

Comments:

Eating/Drinking

Is your child able to: (a) Chew ☐Yes ☐No (b) Swallow ☐Yes ☐No (c) Finger Feed ☐Yes ☐No

Is there any difficulty with eating, e.g., tongue thrust, bite reflex, lip closure, etc? ☐Yes ☐No
If yes, explain:

Is a special diet required: ☐Yes ☐No
If yes, explain:

Feeding equipment required:

Difficulties when drinking (e.g., dribbling):

Drinking equipment required:

Is there a Speech Therapist's report: ☐Yes ☐No

Communication

First language spoken at home (if other than English):

Method(s) of communication (check all that apply):
☐Non-verbal ☐Sounds ☐Babbling ☐Words ☐Sentences ☐Signs/ASL

If words/sentences are spoken, what is the clarity:
☐Clearly understood ☐Some effort required to understand ☐Difficult to understand

Augmentative system (if used):

Level of awareness and interest in other people/activities: ☐High ☐Average ☐Low

Level of attention/concentration: ☐High ☐Average ☐Low

Favourite activities (hobbies, pets):

Least favourite activities:

Comments:

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Child's Name:	Signatory Initials:

Behaviour

General demeanor (e.g., generally content, cries a lot, passive, etc.):

Is there any difficulty with sleeping: ☐Yes ☐No

If yes, please describe:

Are daytime naps taken: ☐Yes ☐No

If yes, how many and how long:

Is there a bedtime/naptime routine in place: ☐Yes ☐No

If yes, please describe (sleeping pattern):

Self-Care

Dressing/undressing: ☐Independently ☐With help ☐Cannot dress/undress

Toileting: ☐Uses potty ☐Uses toilet ☐Uses commode chair ☐Wears diapers

Comments:

Current Treatments

Physiotherapy:

Name of Physiotherapist/Clinic:

Address:

Frequency of treatment:	**Duration of sessions:**

Speech Therapy:

Name of Therapist/Clinic:

Address:

Frequency of treatment:	**Duration of sessions:**

Occupational Therapy:

Name of Occupational Therapist/Clinic:

Address:

Frequency of treatment:	**Duration of sessions:**

Other treatments (e.g., CP yoga, swimming, etc.):

Frequency of treatment:	**Duration of sessions:**

Social worker: ☐**Yes** ☐**No**

Comments:

Child's Name:	Signatory Initials:

Special Aids *(check all that apply)*

☐AFOs ☐Arm splint ☐Brace ☐Canes ☐Gaiters ☐Peidro boots ☐Special Chair ☐Standing frame ☐Walker ☐Other:

Education

Nursery school: ☐Yes ☐No	**School:** ☐Yes ☐No **Grade:**

Playgroup/ E/C group: ☐Yes ☐No

Name of the school/playgroup:

Days and hours of attendance:

Details of attendance at other centres for specific reason, e.g., cranial osteopathy, aromatherapy, reflexology, homeopathy, etc.:

Conductive Education:

What goals would you like to work on?

Medical Information - Immunizations and Allergies

If your child has had any of the following conditions, please check Yes or No and give the approximate date

Condition/Illness	Had/Has	Date of Onset *(mm/dd/yy)*	Condition/Illness	Had/Has	Date of Onset *(mm/dd/yy)*
Adenoidectomy	☐ Yes ☐ No		Kidney Trouble	☐ Yes ☐ No	
Asthma	☐ Yes ☐ No		Measles, German	☐ Yes ☐ No	
Chicken Pox	☐ Yes ☐ No		Measles, Red	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No		Mumps	☐ Yes ☐ No	
Fainting	☐ Yes ☐ No		Scarlet Fever	☐ Yes ☐ No	
Frequent Colds	☐ Yes ☐ No		Severe Stomach	☐ Yes ☐ No	
Hay Fever	☐ Yes ☐ No		Sinus Trouble	☐ Yes ☐ No	
Heart Condition	☐ Yes ☐ No		Tonsillectomy	☐ Yes ☐ No	
Hepatitis	☐ Yes ☐ No		Tuberculosis	☐ Yes ☐ No	
Hernia Repair	☐ Yes ☐ No		Whooping Cough	☐ Yes ☐ No	

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Allergy	Details / Comments
☐Carries Epi-pen:	
☐Carries Ana kit:	
☐Bee Stings:	
☐Animals – identify:	
☐Food – specify:	
☐Penicillin:	
☐Latex:	
☐Other drugs – specify:	
☐Other – specify:	

State any other physical or emotional concerns or other information that the Conductors may need to know *(use an additional sheet if necessary)*:

☐I hereby state that the above information is true to the best of my knowledge

Parent signature:	Date:

Child's Name:	Signatory Initials:

Hips

☐To my best knowledge, my child's hips are in place and functioning satisfactorily

☐I give permission for my child to be involved in all task series which are potentially important facilitators in his/her learning process

☐If there are any movements which you aware of that may be harmful or painful for your child, you are required to inform the Conductors prior to the start of the program.

Name of signatory:	Relationship to child:
Signature:	Date:
Conductor's signature:	Date:

Liability, No Action, Indemnity Clauses: Release

Please read and sign the following Exclusion of Liability, No Action and Indemnity clauses. By signing below, your will waive certain legal rights, including the right to sue. Please read carefully.

In consideration of the services to be provided to me by March of Dimes Canada, I hereby agree as follows:

1. EXCLUSION OF LIABILITY--not to hold March of Dimes Canada, their members, directors, volunteers, officers, agents, representatives, employees, or assigns ("Releases"), or any of them, liable for any losses, damages or injuries that I may suffer, whether to person or property, howsoever caused, including negligence, breach of contract and breach of any statutory duty or other duty of care, on the part of the Releases, or any of them;
2. NO ACTION--not to bring any action, proceedings or claims against the Releases, or any of them, for any losses, damages or injuries that I may suffer, whether to person or property;
3. INDEMNITY--to indemnify and hold harmless the Releases and each of them from and against all claims, actions, costs, expenses and demands brought by any person in respect of death, injury, loss or damage, whether to person or property, resulting directly or indirectly from my participation with the Releases and the delivery of the projects and services of March of Dimes Canada.

Declaration and Signatures

☐ I have read and understood this agreement, and I am aware that, by signing this agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns may have against the Releases.

☐ I hereby release and hold harmless all March of Dimes Canada and any and all other funding or organizations and sources, the owners and/or operators of any facilities utilized and any providers/ conductors of instruction, the agents and employees of any of these parties, from all liability and claims for any injuries or accidents to myself, as well any damages from any cause to any personal property that may occur while participating in the said Conduction Education ® Program.

Parent/Caregiver name:	**Signature:**	**Date:**
Name of Witness (print):	**Signature:**	**Date:**
Name of MODC Representative:	**Signature:**	**Date:**

Program Application
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Child's Name:	Signatory Initials:

Privacy Statement

March of Dimes Canada is committed to handling any personal information that we may collect concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

i) contacting you about the status of your application(s)

ii) obtaining feedback about March of Dimes Canada services you receive

iii) providing information about March of Dimes Canada to you and others

iv) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Assistive Devices program

The personal information collected about you and your family member(s) includes information supplied by you in your application for funding assistance and any additional or updated information which we may collect from you in the future.

Release of Information

March of Dimes Canada is pleased to provide you with service. From time to time we are interested in receiving your feedback and would like to send you information to help us better serve you. Our Quality Service policy is:

"to ensure that anyone affiliated with March of Dimes Canada recognizes all internal and external contacts as customer and is committed to delivering Quality Service to each and every one of them"

In order to conduct satisfaction surveys or to tell you about other services, we request your permission to contact you. In the future, we may like to contact you for one of more of the reasons listed below. This will help us continue to offer you quality service and respect your privacy and personal wishes. Thank you for your assistance.

I agree that March of Dimes Canada may contact me for the following reasons: (check all that apply)

- ☐ To obtain feedback on services I receive from March of Dimes Canada.
- ☐ To advise me of new information or services that may be of interest to me.
- ☐ To provide me with a volunteer opportunity.
- ☐ To solicit my view on services or policies affecting people with disabilities.

Parent/Caregiver name:	**Signature:**	**Date:**
Name of Witness (print):	**Signature:**	**Date:**
Name of MODC Representative:	**Signature:**	**Date:**