



## GENERAL PROGRAM FORM

- Club21-Social Skills
- Speech Camp
- Music Therapy
- Deep Water Aqua Fit
- Siblings Workshop
- Cooking Classes

To be eligible for any programs provided and supported by the LDSA the family must fall into the catchment area of service that the LDSA presently covers and the child must have Down syndrome. As of January 1, 2015 the LDSA is no longer a membership organization and therefore no membership fee is required to access the programs offered through the LDSA.

The cost of the program for parents is 50% of the total cost with the LDSA subsidizing the remaining 50% of the program.

**Payment is due no later than the first day of the program by cash, or cheque. Cheques should be made payable directly to the service provider:**

### SERVICE PROVIDER FOR PROGRAM:

**ALL APPLICANTS MUST FILL OUT THIS FORM IN ENTIRETY TO BE ELIGIBLE TO PARTICIPATE.**

**Child's Full Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Year** \_\_\_\_\_

**Parent/s, Guardian Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **PROV** \_\_\_\_\_ **PC** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**London Down Syndrome Association**  
PO Box 52022 Commissioners RO  
London, ON N6C 0A1  
**Phone:** (519) 719-8619 **Email:** info@ldsa.ca  
[www.ldsac.ca](http://www.ldsac.ca)

*Your support makes a difference – Thank you!*

Reg. Charitable BN# 86694-2493 RR0001



By participating in this program and signing this form you agree to follow all requirements to participate in this program as required by the LDSA and the Service Provider.

As a participant of this program it is expected that all participants act with fairness, honesty, integrity and openness; respect the opinions of others and treat all participants with equality and dignity without regard to gender, race, colour, creed, ancestry, place of origin, political beliefs, religion, marital status, disability, age, or sexual orientation.

We are pleased to be able to collaborate with our service providers to continue to offer reasonably priced programs and services to the children and families that the London Down Syndrome Association serves.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please fill in form, sign and return by scanning original form and emailing attention to:

**Shana Mechevske, Board of Director, Coordinator of Families and Programs at**  
[familiesandprograms@ldsa.ca](mailto:familiesandprograms@ldsa.ca)

**LONDON DOWN SYNDROME ASSOCIATION OFFICE INFORMATION ONLY**

**Date Form Received:** \_\_\_\_\_

**Form Processed By:** \_\_\_\_\_

**Date Program Begins:** \_\_\_\_\_ **Date Program Ends:** \_\_\_\_\_

**Form Processed Entered On System:** \_\_\_\_\_

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