



CLICK@Queen's Registration Form & Questionnaire

To be completed by the parent/guardian

Student

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Pronouns: _____

Current School & School Board: _____

Current Grade: _____ Expected High School: _____

Parent/Guardian 1 (primary contact):

Name: _____ Relationship to child: _____

Home #: _____ Work #: _____

Cell #: _____ Email Address: _____

Preferred method(s) of contact:

Home Phone

Work

Cell

E-mail

Home address:

Parent/Guardian 2

Name: _____ Relationship to child: _____

Home #: _____ Work #: _____

Cell #: _____ Email Address: _____

Preferred method(s) of contact:

Home Phone

Work

Cell

E-mail

Home address: *Same as above*

In the case that the parents/guardians cannot be reached – Emergency Contact:

Name: _____ Phone #: _____

Does this student have any dietary restrictions

- Vegetarian Gluten-free Kosher
 Vegan Dairy-free Halal

Allergies: _____

Other: _____

Completed packages may be sent to us by e-mail, fax or in-person. Please password protect and email attachments, or send securely through SecureDocs.ca to steps@queensu.ca. Our fax number is 613-533-6564 or packages can be dropped off at our Queen’s offices Monday-Thursday between 9am-12pm or 1pm-4pm. If you deliver in-person, please do not leave outside the office doors. Packages must be handed over to a staff member at RARC directly. kindly ask that you let us know via email, which method of delivery we can expect your documents to arrive by.

Completed packages:

- Registration Form and Questionnaire
 Most recent IEP
 Psychoeducational assessment

Payment will be arranged after a student is confirmed accepted into the program. We will accept applications until April 21, 2023. Due to a limited number of spaces, not all students who meet eligibility requirements will be accepted into the program.

I support my child’s participation in the program. I understand that there is a \$200 non-refundable fee for this program that is due by April 30, 2023 if my child has a confirmed spot in the program.

Parent/Guardian Signature: _____ Date: _____

Background Information Questionnaire

1. Please describe any academic challenges experienced at school.
2. Please describe any behavioural or psychological difficulties experienced at school.
3. What interventions/strategies have you already used to address these problems? What was the outcome?
4. Would you like to gain out of your child's participation in our program?