



DFT PARTICIPATION SUPPORT FORM

Identification

Name: Parent

Child Child's Age:

Contact Info: Address:

Phone:

Email:

Diagnosis if applicable:

Has your child participated in Dreamcoat before? Yes No

Does your child participate in any other activities? Yes No

What kind of support have they required in other activities?

What other resources do you access? Examples: kidsport, YMCA subsidy, respite care

Briefly explain your child's interest in Dreamcoat:

Check any areas where support is required and provide details in the space to the right.

Financial

Registration fee (eg. Amount, payment schedule)

Transportation

Paying a support worker

Personal Areas of Support

Dressing

Toileting

Ambulation

Hearing

Vision

Memory - stage cues and directions

Reading

Emotional (eg. Anxiety)

Physical (diabetes, asthma, migraine headaches)

Attention, Hyperactivity