



Learning Day Program Participant Information Form

A non-profit charitable organization in Guelph supporting youth, adults and seniors with developmental exceptionalities to achieve success through curriculum-based quality life skills programming

Operating weekdays from 9 AM to 3 PM, Community of Hearts' Learning Day Program offers robust life skills content, created in collaboration with you to support you to achieve the level of independence you desire for your life. Life Skills Educators teach curriculum-based quality programming through a person-centred focus in small group formats. Content is relevant and responsive to support you to build self-confidence, self-advocacy skills and become more engaged in your community.

The ever-evolving curriculum content includes: meal preparation and safe food handling; routines to maintain a clean living space; wellness strategies including group fitness, personal training, healthful eating and stress management; literacy comprehension and arts; representation of disability in media and critical thinking; safety for independent living skills; financial literacy, maths and sciences; employment readiness training; and social skill development for professional and personal settings.

With the purpose of reducing social isolation to improve your professional and social networks, weekly volunteer opportunities in partnership with food security programs and local businesses are available for you to participate in. The potential long-term outcome of these volunteer opportunities is that you become an engaged community member and add to your resume with experiences transferrable to the workforce.

We look forward to supporting you along your journey to achieving the level of independence you desire.

Warmly,
The Community of Hearts Team

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Learning Day Program Participant Information Form

COVID-19 Policies and Procedures

Sick Leave Arrangements:

- ✓ If I have cold symptoms, such as cough/sneezing/fever, or feel poorly, I will call into the Lifelong Learning Centre and advise staff that I am not able to come in. I will not come to the Lifelong Learning Centre if I have symptoms.
- ✓ If I have a positive COVID-19 diagnosis, I can return to the Lifelong Learning Centre only after I have fully recovered, with a doctor's note confirming my recovery.
- ✓ If I have recently returned from areas with a high number of COVID-19 cases (based on government announcements), I will be asked not to attend the program for 14 calendar days. I will be welcome to return only if I am fully well. I will also be asked not to come into physical contact with any staff or participants during this time.
- ✓ If I have been in close contact with someone infected by COVID-19, I will be asked not to come into the Lifelong Learning Centre or into physical contact with any staff or participants during this time.
- ✓ If Community of Hearts staff say I cannot enter the Centre due to exhibiting symptoms - I will need to go back home. So I will need to have a plan in place for when/if this occurs.

Traveling/Commuting Measures:

- ✓ If I am planning to travel voluntarily to a high-risk country with increased COVID-19 cases, I will be asked not to come into the Lifelong Learning Centre for 14 calendar days upon returning to Guelph. I will also be asked not to come into physical contact with any staff or participants during this time.

General Rules:

- ✓ I will wash my hands after using the toilet, before eating, and if I cough/sneeze into my hands. I can also use the sanitizers I will find around the Lifelong Learning Centre.
- ✓ I will try my best to cough/sneeze into my sleeve, preferably into my elbow. If I use a tissue, I will put it in the garbage and clean/sanitize my hands immediately.
- ✓ I will try my best to avoid touching my face with my hands to avoid getting infected.
- ✓ Staff will facilitate mandatory hand washing at the beginning of the day, mid-morning, lunch, mid-afternoon and before everyone leaves. There will also be hand washing after each washroom visit.
- ✓ Staff will be monitoring participants for symptoms of COVID-19. My caregiver will be notified immediately if I become unwell during the day. I will be immediately separated from others and supervised in a designated room until transportation arrangements are made. If no one is available to pick me up immediately, transportation home will be at my own expense.
- ✓ I will keep my mask or shield on for the entire day - I will only remove it when I am eating or drinking
- ✓ I will bring my own drinks, snacks, and lunch every day

If COVID-19 Case Occurs at the Lifelong Learning Centre:

- ✓ Due to the nature of COH's program and the small groups staff work with, if there is a positive case of COVID-19 the Lifelong Learning Centre will close for 2 weeks. The Lifelong Learning Centre will be sanitized, while the Board of Directors evaluates next steps.
- ✓ If the Lifelong Learning Centre needs to close, programs will be offered virtually. Reimbursement for program fees will be made upon request.

I, the undersigned, have read and understood the information above outlining the required actions participants and staff should take to protect ourselves and each other from a potential coronavirus infection.

Signature: _____ Date: _____



Learning Day Program Participant Information Form

Payment and Registration

How much does it cost to attend Learning Day Program?

Tuition fee per day is \$65.00. This cost includes a full day of life skills lessons created for you – in partnership with you.

Payment Breakdown

1. Payment is due the first day of each month. Invoices are provided prior to the first day of each month and receipts are provided twice a month to allow you to submit paperwork to Passport Funding agencies, when necessary.
 - a. Invoices are provided prior to the first day of each month and receipts are provided twice a month to allow you to submit paperwork to Passport Funding agencies, when necessary.
 - b. Payment is due the first day of each month and prior to beginning any program.
2. Community of Hearts programs and services are Passport Funding-friendly. It is your responsibility to submit receipts from Community of Hearts to your local Passport Funding agency for reimbursement.
3. Refunds are available for:
 - a. Absenteeism due to illness when a doctor’s note is provided.
 - b. Permanent withdrawal from program. You are required to provide two weeks' notice of the termination date to an administrative staff member. No “make-up” days or refunds are granted for absenteeism or inclement weather.
4. You have access to two weeks of vacation annually, for which no fees will be charged. Community of Hearts must be notified 30 days in advance to make changes to your invoice.

How to register for Learning Day Program

1. Complete the documents included in this package and return to an administrative staff:

<ol style="list-style-type: none"> a. Payment and Registration (pg.2) b. Expectations for Participants in Program (pg.3) c. Personal Information Profile (pg.4-8) 	<ol style="list-style-type: none"> d. Transportation Agreement (pg.9) e. Audio Recordings, Photography, Videography Consent & Release Form (pg.10)
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2. An administrative staff will follow up with you to confirm next steps and to determine when your first day in Learning Day Program will be.
3. If you require accommodation to successfully complete this form, please call (519-826-9056), email us (info@communityofhearts.ca) or notify us in person to make your accommodation known.
4. Questions in the meantime? Contact us at the Lifelong Learning Centre, weekdays from 8:30 AM to 4 PM.

Which days of the week will you attend Learning Day Program?

Please indicate the days of the week below:

Monday	Tuesday	Wednesday	Thursday	Friday



Learning Day Program Participant Information Form

Expectations for Participants in Program

Independence

- ✓ I participate fully without intense levels of supervision
- ✓ I can move about a facility independently (or with a Direct Support Professional present)
- ✓ I can eat and toilet independently (or with a Direct Support Professional present)
- ✓ I am 16+ years of age (I have completed available education system programs and demonstrate maturity; or I am attending for the purposes of attaining Ontario Secondary School Diploma credits through a high school co op placement)
- ✓ I possess communication skills that permit relationship building
- ✓ I want to learn/gain skills necessary for practical and social activities of daily living

Ready, Willing and Able to Be Part of a Group

- ✓ I am willing to learn to interact appropriately within a group
- ✓ I am willing to connect with others and benefit from peer relationships

Support for Success is Present

- ✓ My guardians/caregivers/formal supports are invested and prepared to be involved in supporting an individual plan for my success
- ✓ My guardians/caregivers/formal supports recognize the benefits of independence for me, are capable of being flexible and accept uncertainties along the learning journey
- ✓ My guardians/caregivers/formal supports are ready to partner with Community of Hearts staff and volunteers to support my best interests

Program/Group Compatibility

- ✓ In order to assess my needs and the capacity of Community of Hearts staff to meet those needs, there is a 90 working day probationary period. Following this probationary period, me and my guardians/caregivers/formal supports and Community of Hearts staff will meet to discuss next steps

If Learning Day Program Is Not the Best Fit for You

- ✓ I may decide that Learning Day Program is not the best fit for me. Community of Hearts staff may agree and encourage me to take a break from Learning Day Program until I am ready to meet the expectations outlined above and to engage in life skills programming.

I, the undersigned, have read and understood the information above outlining the expectations for me to participate in Learning Day Program.

Signature: _____ Date: _____

I, the undersigned, have read and understood the information above outlining the expectations for myself, as part of the formal support team for the Learning Day Program participant.

Signature: _____ Date: _____



Learning Day Program Participant Information Form

Personal Information Profile

My Name: _____

First _____ Middle _____ Last _____

Preferred Pronouns: ___ He/Him ___ She/Her ___ They/Them Preferred Name: _____

Date of Birth (yyyy/mm/dd): _____

My email: _____

My home #: _____

My cellphone #: _____

My Street Name: _____

My Apartment/Suite #: _____ City: _____ Postal Code: _____

Parent/Guardian/Caregiver: _____

Home #: _____ Other #: _____

Email: _____

Street Name: _____

Apartment/Suite #: _____ City: _____ Postal Code: _____

Place of Employment (if applicable): _____

Parent/Guardian/Caregiver: _____

Home #: _____ Other #: _____

Email: _____

Street Name: _____

Apartment/Suite #: _____ City: _____ Postal Code: _____

Place of Employment (if applicable): _____



Learning Day Program Participant Information Form

Emergency Contact: _____

Home #: _____ Other #: _____

Email: _____

Street Name: _____

Apartment/Suite #: _____ City: _____ Postal Code: _____

Place of Employment (if applicable): _____

Relationship to Participant: _____

Medical Contact

Family Doctor: _____

Office #: _____

Office Address: _____

Are all of your immunizations up to date? Yes No Outstanding immunizations? Please explain:

Allergies

Please list all allergies: _____

What physical signs indicate an allergic reaction? _____

Treatment? _____

Reminder that you will need proof of double vaccination status to register for in-person Learning Day Program at this time. Please attach proof of vaccination along with this registration document. This can be scanned or photographed and attached in an e-mail or photocopied and dropped off at the Centre. We do not require to see your "vaccine passport" at this time.



Learning Day Program Participant Information Form

Medical History

Please describe your condition, any signs/symptoms to be aware of: _____

Is treatment required for any of the following conditions?:

Seizures: _____ Respiratory Needs: _____ Circulatory/Cardiac Needs: _____

Comments: _____

Nutrition

Dietary requirements: _____

Please note that **when** lunch is prepared again daily at our Lifelong Learning Centre, Community of Hearts staff will do their best to adapt meal ingredients to accommodate allergies, and all preferred ingredients will be provided by participants.

Hours of Operation and Fees

Community of Hearts offers a full day programme, Monday to Friday 9:00am to 3:00pm each day at a rate of \$61.00 a day that is due at the beginning of each month. Participants can arrive by 8:45am when the centre doors will be open and staff will be on site but the program will begin at 9:00am.

Participants will commence getting ready to leave at 3:00pm and will be off site by 3:15pm.

Pick up time for those being picked up by a caregiver will be 3:00pm with a 15-grace period until 3:15pm.

As our programme facilitators are paid by the hour, additional charges will apply for late pick up in order to cover our additional staffing costs.

Each additional 15 minutes of extended care will be \$5.00. The maximum late time pick up is 4:30pm for a total of \$25.00 in additional charges to be paid at the time.

Caregivers who are aware in advance of their inability to pick up the participant by 3:15pm can pre-pay for extended care to 4:30 for an additional \$20.00 a day.

Community of Hearts will run 52 weeks of the year with the following exceptions:

Christmas holidays and one week in August when we are shut down for staff program planning. Community of Hearts will be closed for all statutory holidays observed in Ontario. In keeping with the general practices as observed in Ontario, when a statutory holiday falls on a Saturday or Sunday, Community of Hearts will observe the holiday on either the Friday or Monday



Learning Day Program Participant Information Form

My Current Capabilities (please indicate)

Communication

Receptive Speech	I understand multi-step instructions ___
	I understand step-by-step instructions ___
Expressive Speech	I use complete sentences ___
	I use words/short phrases ___
	I use sounds/gestures ___
	I use ASL ___

Comments: _____

Mobility

I am independent ___
I need assistance ___

Comments: _____

Learning Style

Visual ___
Verbal ___
Written ___
Demonstrative ___
Other: _____

Comments: _____

Supervision

I am capable of independent seatwork	Rarely ___	Sometimes ___	Often ___
I complete tasks without supervision	Rarely ___	Sometimes ___	Often ___
I work well in a small group without supervision	Rarely ___	Sometimes ___	Often ___

Comments: _____

Anything else to share:



Learning Day Program Participant Information Form

Transportation

How will I be getting to Community of Hearts in the morning:

How will I be getting home from Community of Hearts at the end of the day:

If I need to go home in the middle of the day (example: sick) how will I be getting home from Community of Hearts:

Sharing More About Me

Please provide any details that may be helpful to support you in program:

My favourite things to do are: _____

When I am afraid of things/people in my environment, it might be because: _____

When I am upset by things/people in my environment, it might be because: _____

When I fixate on things/people in my environment, it might be because: _____

Things that may trigger me or make me feel upset: _____

If I become upset or escalated while in program, I recommend Community of Hearts staff do the following to support me to feel safe: _____



Learning Day Program Participant Information Form

Transportation Agreement

My Name: _____

I, the undersigned, give permission for Community of Hearts Lifelong Learning Centre staff/volunteers to provide transportation as necessary. Community engagement opportunities will take place within, as well as outside of, Guelph Wellington County. I, the undersigned, understand the risks involved with such activities and will not hold Community of Hearts Lifelong Learning Centre or any of their staff/volunteers/board members responsible should any type of injury, accident, damages or problems occur.

My Signature: _____ Date: _____

I have signed the above consent form with ample understanding and explanation of my rights and responsibilities. I have signing authority, and am of legal age in my province or territory to legally give my consent without the accompaniment of a legal guardian. If I am not of legal signing authority, my legal guardian has also been given the same understanding and explanation, and is signing below to give permission and consent.

I, a parent/legal guardian of the participant named above, give permission for Community of Hearts Lifelong Learning Centre staff/volunteers to provide transportation as necessary. Community engagement opportunities will take place within, as well as out of, Guelph-Wellington County. I, the undersigned, understand the risks involved with such activities and will not hold Community of Hearts Lifelong Learning Centre or any of their staff/volunteers/board members responsible should any type of injury, accident, damages or problems occur.

Parent/Guardian Signature: _____ Date: _____



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Audio Recordings, Photography, Videography Consent & Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Community of Hearts Lifelong Learning Centre, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet).

This consent includes, but is not limited to: (Initial where applicable):

_____ Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;

_____ Permission to use my name; and

_____ Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

Should I wish to renege my consent, I understand that I can contact the above-mentioned organization and they will remove all current uses of my likeness. However, they cannot retract, erase, or remove archival, cached, or otherwise published materials.

This consent is given in endlessness, and does not require prior preview approval by me.

My Name: _____

My Signature: _____ Date: _____

I have signed the above consent form with ample understanding and explanation of my rights and responsibilities. I have signing authority, and am of legal age in my province or territory to legally give my consent without the accompaniment of a legal guardian. If I am not of legal signing authority, my legal guardian has also been given the same understanding and explanation, and is signing below to give permission and consent.

Signature of Parent or Legal Guardian: _____

Print Name: _____

Date: _____

The following is required if the consent form has to be read to the parent/legal guardian or to the signee: I certify that I have read this consent form in full to the parent/legal guardian and/or signee, whose signature appears above.

Signature of Organizational Representative or Community Leader

Date