

Program Support Form - Behaviour

This form must be completed and given to the instructor prior to the program in order for the child to participate.

PARTICIPANTS NAME: _____ **Birth Date:** _____

Description of behaviours staff should be aware of: (Be specific)

Triggers of said behaviours: (Include location where said behaviour(s) often occur)

Additional information that can help ensure an enjoyable and safe experience for your child:

If any behaviour becomes harmful to the child, other children and/or staff in the program, the parent/guardian or emergency contacts will be notified and child will need to be picked up. Please notify staff of any changes in behaviour and of any strategies to encourage a positive environment for your child.

Parent/ Guardian Signature: _____ **Date:** _____

