



Joy & Grow Therapy Inc.

Adult Day Program Application Form (2025–2026)

Phone: 437-427-8688

Website: www.joyandgrow.ca

PART A: Program Selection

Application Date: _____

Application Fee: A non-refundable \$99 application fee is required with submission of this form.

Start Date Requested:

☐ September 2025 ☐ Current year in progress

Program Selection (choose one):

- ☐ **Full-Time, Monday–Friday** – \$29,000/year (\$2,900/month)
- ☐ **Part-Time, Monday/Wednesday/Friday** – \$20,000/year (\$2,000/month)
- ☐ **Part-Time, Tuesday/Wednesday/Thursday** – \$21,500/year (\$2,150/month)

Program runs September – June, 9:00 AM – 3:00 PM.

PART B: Student Information

- Student's Name: _____
- Gender: _____
- Age: _____ DOB (DD/MM/YYYY): _____
- Citizenship: _____
- Place of Birth (City, Country): _____
- Primary Language Spoken: _____
- Language Spoken at Home: _____
- Diagnosis: _____
- Current School or Program Attending: _____
- Home Address: _____

PART C: Family Information

- Parent(s)/Guardian(s) Names: _____
- Primary Contact Name & Phone Number: _____
- Primary Contact Email: _____



PART D: Student Learning Profile

Please provide brief information about the student in the following areas:

- **Learning goals and challenges:** _____
- **Communication abilities/challenges:** _____
- **Reading level (if applicable):** _____
- **Self-care (dressing, eating, hygiene, washroom):** _____

- **Self-regulation abilities/challenges:** _____
- **Preferred free time activities:** _____
- **Any current paid or volunteer jobs?** _____
- **Special interests:** _____
- **Accommodations required (academic, physical, behavioral):** _____

- **Other important information:** _____

PART E: Admissions Process

1. Book initial meeting and tour with Service Director (in-person or virtual).
2. Complete and submit this Application Form with supplementary information. *
 - 2.1. Submit the \$99.00 non-refundable application fee at the time of application.
3. Schedule student trial visit (full day).
4. Admission decision will be communicated after the trial visit.

*Supplementary information may include recent documents (within last 2 years):

- Most recent IEP or Transition Plan
- Report Cards
- Psychological, Speech-Language, OT, or BCBA reports/evaluations

All information will be kept confidential.

Signature

I confirm the information provided is true and complete. I understand that tuition is due on the **1st of each month** (September–June), and additional fees (lunches, TTC, community outings) are paid monthly by the student.

Parent/Guardian/Participant Name: _____

Signature: _____ Date: _____