



Eating is Fun! Program Registration

What foods/drinks does your child currently eat?

Always Eats

Eats some of the time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is your child's favorite food (most motivating food)?

What foods do you want your child to eat?

_____	_____
_____	_____
_____	_____

What food does your child dislike (has actually tried and displays behaviors such as gagging, grimacing, verbally states he/she dislikes it, etc.)?

Please describe your child's eating schedule at home and/or day care including snacks, drinks, and meals.

My Child is ALLERGIC or INTOLERANT to:

Other information you would like us to know about your child:

Child's name _____

Mother's name _____

Father's name _____

Home phone _____

Home address _____

Cell phone _____

Work phone: _____

Emergency contact information _____

I, _____ (Print Your Name) the undersigned parent or legal guardian, hereby authorize, TOTAL ABILITY™, the Christel K. A. Seeberger Professional Corporation Inc., to complete both occupational therapy assessment and treatment of _____ (Print Child's Name) Date of Birth _____

I consent to data (test results, observations, photographs, video records and the like) regarding my child's participation in this group being used for documentation and research purposes and sharing on social media. I understand that my child's name will not be shared in research or on social media.

Parent signature: _____

I am paying \$500 by

- credit card _____ expiry date _____
- e-transfer to contact@totalability.ca
- cheque payable to TOTAL ABILITY (call for cheque mailing address, registration accepted only when cashed)

506.847.0677 contact@totalability.ca

