

*Our Vision: A world that respects and embraces the dignity, inherent value and rights of all people.  
 Notre vision: Un monde qui respecte et accueille la dignité, la valeur inhérente et les droits de toutes les personnes.*

**Pre-Registration Confirmation for the ADAPT Program  
 City of Brampton – Loafer’s Lake**

**PARTICIPANT INFORMATION:**

<b>First Name:</b>	<b>Last Name:</b>
<b>Street Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>Cell Phone:</b>
<b>Email:</b>	
<b>Parent or Guardian Name:</b>	

**DIAGNOSIS INFORMATION:**

<b>Diagnosis:</b>	
<b>Diagnosis confirmed by (select from options below)</b>	
Documentation	
BCCL Service Coordinator	
Regional Passport Coordinator	
Other (specify)	

**Does the participant attend school?** Yes  No

**Does the participant receive Passports Funding:** Yes  No

**GENERAL RELEASE:**

I give Brampton Caledon Community Living permission to release the information collected to the Central West Region Passport Office as well as the City of Brampton Parks and Recreation, and obtain any additional information needed regarding my application form from the organizations or individuals listed below. This consent will be valid for one year from the date signed below.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application approved by**

**BCCL Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

