**Expression of Interest Form – Inclusion Clare Day Program**

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| Applicant Information |
| **Name:**  | **Date of Application:**  |
| **Date of Birth:**  | **Address:**  |
| **City:**  | **Postal Code:**  |
| **Home phone number:**  | **Cell number:**  |
| **Email:**  |
| **Preferred pronoun:** He She They Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Person Completing Application:**  |

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| Parent/Guardian Information |
| **Name:**  | **Relationship:**  |
| **Phone home/cell:**  | **Phone work:**  |
| **Address (If different from Applicant):**  |
| **City:**  | **Postal Code:**  |
| **Email:**  |

Please answer the following questions:

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| In a few words, can you tell us a little about yourself:  |
| Are you currently attending an educational program? YES NOIf yes, please check the one that applies to you: □ High School □ College □ University What is the name of the Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you looking to attend the Day Program YES NO as part of your school program? Would you come to the Day Program YES NOwith an EA (Educational Assistant)? |
| Do you currently have a job in the community? YES NO If YES, can you give us some details about your job? If NO, are you interested in looking for a job? YES NOWhat kind of jobs are you interested in?  |
| What are some of your interests and hobbies?  |
| How did you hear about our Day Program? |
| Why are you interested in participating in our Day Program?  |

**Please return form in person, by mail or email to bonjour****@inclusionclare.ca****. We will be in contact shortly to confirm receipt.**