



Getting Ready for Inclusion Today

The GRIT Program
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 14930 – 114 Avenue Edmonton, AB T5M 4G4
 Phone: (780) 454-9910 Fax: (780) 455-1806
 Email: gritprog@gritprogram.com Website: www.gritprogram.com

Date: _____

APPLICATION FORM

Child's Full Name:		M() F()
Child's Birthdate:		
Alberta Health Care Number:		
Parent/Guardian Names:		
Address:	City/Town:	Postal Code:
Phone Number: (Home)		(Mom's work) (Dad's work)
E-mail address:		
Childcare provider (if applicable) e.g. daycare, day home, grandparent, etc.		
Name:		Phone:
Address:		
Please list names and ages of other children:		
Who referred you to our Program:		
What is your child's diagnosis or area of delay:		
Name and address of Pediatrician: (if applicable)		
Name and address of Family Doctor: (if applicable)		
If you wish to declare that you are an Aboriginal person, please specify. (This information for Alberta Education.)		
<input type="checkbox"/> Status Indian/First nations	<input type="checkbox"/> Non-Status Indian/First Nations	
<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	

Medical documentation is required for Program Unit Funding Please attach a copy of your child's birth certificate and assessment information to this application All information submitted is treated confidentially.

APPLICATION FORM (cont'd)

Please identify the programs and specific individuals with whom your child has previously been involved.

Agency/Program

Early Intervention (0 - 3 years) _____

Early Childhood Education (PUF program) _____

Glenrose Program (1-2-3 Go, etc.) _____

Feeding Clinic _____

Home Care:

Case Manager _____ *Nurse* _____

Respiratory Therapist _____ *Occupational Therapist* _____

Physical Therapist _____

CASA _____

Children's Services _____

C.N.I.B. (registration #) _____

Family Support for Children with Disabilities (FSCD) Worker _____

Medical Information

Allergist _____

Audiologist _____

Cardiologist _____

Dermatologist _____

Ear Nose & Throat _____

Gastroenterologist _____

Geneticist _____

Neurologist _____

Neurosurgeon _____

Optometrist/Ophthalmologist _____

Orthopaedic Surgeon _____

Physiatrist _____

Plastic Surgeon _____

Pulmonologist _____

Surgeon _____