

## Passport Information / CLP Connex Registration Form

Note: This form is used to initiate the intake Process or to register a person in a service / support that is not included in the original Support Agreement.

Full Name of Person Supported	
Date of Birth (MM/DD/YY)	
Street Address	
City	
Postal Code	
Full Name of Primary Contact	
Full Address (if different from that of Participant)	
Home Phone Number:	
Work:	
Cell:	
Full Name of Alternative Emergency Contact :	
Phone Number:	
Considerations: *Communication Needs * Personal Support Needs * Medications * Allergies * Other	Please Explain:
Key notes for effective support:	
I/We give permission for my / our child / family member to go on community excursions if necessary during their attendance of CLP programs. I/We hereby absolve CLP of any responsibility of injuries that may occur on any outings.	
Signature of Primary Contact	
Date	