



CSCO Social Skills Program Registration Form

Please complete and return to CSCO with registration fees.

Name of Participant: _____ Agency (if applicable) _____

Phone Number (in cases of class cancellations, changes to upcoming class, etc.): _____

E-mail (if you wish to receive information regarding upcoming classes): _____

Emergency Contact & Phone: _____

| Class Name | Class Dates | Support Staff | Cost |
|--------------------|-------------|---------------|------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Total Cost: | | | \$ |

Please list any applicable allergies or sensitivities:

Please read:

This program is designed for adults 18 years and older with developmental disabilities. Participants must arrange their own transportation. Those requiring support before, during, or after class must provide their own support staff. By registering for the program, you agree that any behaviors that put yourself, others, or property at risk will result in you leaving the program (continued attendance may be reviewed with you).

No refunds can be issued after the first class.

Payment*: Cash Cheque (made payable to "The Calgary Society of Community Opportunities")

Please mail or deliver payment to: The Calgary Society of Community Opportunities
 Unit 102, 2616 18th St NE
 Calgary AB; T2E 7R1

**Payment ensures placement is reserved in the class*

For further enquiries please call Carolyn, Justine, or Tracy at (403) 253-3454 or email cscoteamlead@gmail.com.