



SMILE Intake Form

SMILE is a non-profit organization on a mission to provide to families of children and youth with disabilities. Our vision is that all children are welcomed and included in all activities, spaces and services.

Child Information

Child's Name: _____

Gender: _____ Date of Birth (YYYY/MM/DD): _____

Diagnosis (If Applicable): _____ Date of Diagnosis (If Applicable): _____

Family Information

Parent(s)/Guardian(s) Name(s): _____

Status in Canada: Canadian Citizen/Permanent Resident/Refugee (Please circle one that applies)

Home Address: _____ Suite #: _____

City: _____ Postal Code: _____

Ontario Health Insurance Plan OHIP: YES/NO (Please circle one that applies)

Contact Details

Primary Phone Number: _____ Secondary Phone Number: _____

Languages Spoken: _____

Preferred Language: _____

Email Address: _____

Preferred Mode of Communication: Phone/Email (Please circle your preference)

Best Time to Contact: _____



- ☐ I understand that the final step to become a registered SMILE family includes an in-person meeting between a SMILE team member and a parent/guardian and the child. To book this meeting please email sarah.uddin@smilecan.org. Registration is required to access all the services offered through SMILE Canada.

*Please note, due to the COVID-19 pandemic all assessments are being conducted virtually.

- ☐ I would like to subscribe to the SMILE newsletter.
- ☐ For any additional questions or concerns, please email sarah.uddin@smilecan.org

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Signature of Parent/Guardian

Date