



## LETTER OF AGREEMENT

Between:

\_\_\_\_\_ and *Down Syndrome Association of Simcoe County (DSASC)*  
(insert name of program participant)

Welcome! The Down Syndrome Association of Simcoe County is a volunteer-driven charity, working together to increase public awareness and acceptance, while supporting and enhancing the lives of our children. Our Young Adults Day Program (YADP) is designed to provide a safe, secure, and enriching environment for participants living with Down syndrome who have finished high school. As part of our program, we aim to teach and encourage responsibility and respect. This Letter of Agreement outlines the responsibilities of both the DSASC and all participants.

### **The DSASC will:**

- a. Provide the Young Adults Day Program from 9am-4pm on the days the participant is registered for.
- b. Provide invoices before the beginning of each new session.
- c. Maintain a ratio of 1 staff to 3 participants.
- d. Provide weekly updates to caregivers.
- e. Treat participants with respect and dignity.
- f. Offer a variety of activities that promote wellness and independence, such as cooking skills, meal planning, life skills such as money and time, physical activity, volunteering in the community, arts, literacy, and self-regulation.
- g. Communicate with participants and their caregiver(s) regarding any changes in circumstances and to discuss issues that affect our ability to safely provide support.
- h. Notify participants as soon as possible if the program is closed due to inclement weather or unplanned events, and either a refund or preferably a credit for the next session will be offered for the missed day.
- i. Respect the right to privacy of participants and keep confidential all personal information gathered in the course of providing the Young Adults Day Program.

### **The participants and their parents/caregivers will:**

- a. Show respect to other participants and treat them as I would like to be treated.
- b. Show respect to staff and cooperate with their instructions.
- c. Communicate in an appropriate manner, refraining from using foul language or gestures, harsh words or tone of voice.
- d. Conduct myself responsibly to avoid risky (or unsafe) horseplay, unwelcome teasing or other unkind behaviours that negatively impact other participants' program experience.
- e. Use program equipment, supplies, and facilities safely and as directed.



- f. Refrain from use of electronic devices or personal items from home which are not part of my program experience.
- g. Participate appropriately. I will not disrupt the program and hinder the experience of others.
- h. Remain with my program group at all times and not leave the program without permission.
- i. Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- j. Be fully responsible for my actions and understand that failure to fulfill these responsibilities will result in being sent home, or expelled from the Young Adults Day Program.

**Conduct Management**

Minor incidents will be brought to the participant’s attention and suggestions will be made on how to make better choices. Continued violations of this agreement will result in time-out and notification of the parent. The staff will seek parental support to resolve issues and to encourage positive program participation. Participants who remain disruptive after consultation with the parents may be dismissed from the program. It is the responsibility of the caregiver to make immediate arrangements to pick up the participant if this is deemed necessary by program staff.

**Additional Supports**

The Young Adults Day Program is staffed at a 1:3 ratio. If it is determined by program staff that a participant is not able to participate in the program safely at this ratio and requires additional supports, the parent/caregiver will be given the option of either withdrawing the participant from the program with a refund for unused days, or paying for 1:1 support. Parents/caregivers accompanying participants to the program is not permitted.

**Illness/Head lice**

If a participant is deemed too ill/contagious to participate in the program, or if it is determined that a participant has head lice, the parent/caregiver will be asked to pick up the participant immediately. The expectation is that the participant will return only once they are well/non-contagious and/or lice-free.

**Signatures:**

I have reviewed this letter of agreement with my child, the participant. I understand and agree to all of the terms presented in this letter. I also agree to address any concerns about the YADP to the program supervisor in a timely fashion so that it can be addressed appropriately.

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Participant’s Name and Signature Date

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Parent/Caregiver’s Signature Date