

REACH Educational Services, Inc.
Mailing address: 1 Huckleberry Lane
Forestdale, MA 02644
508-508-747-1556

BUDDY GENERAL INFORMATION:

Name of child: _____ DOB: _____ Gender: _____

Parent's Name(s): _____

Primary Address: _____

Home Phone Number: _____ Email Address: _____

Mom's Work Number: _____ Mom's Cell Number: _____

Dad's Work Number: _____ Dad's Cell Number: _____

Siblings Names & Ages: _____

Emergency contact: _____

INTERESTS:

What are your child's favorite topics/ areas of interest? _____

OTHER:

Any other information you would like us to know _____

MEDICAL:

Does your child have any medical issues? Please list: _____

Does your child have any allergies? Please list: _____

Does your child take any prescription medications? Please list: _____

In the event of a medical emergency, I give my permission for the staff of REACH Educational Services to seek treatment and/release information to appropriate medical staff regarding my child.

_____ date
parent signature

Medical Insurance Company _____ Name of Subscriber _____

Policy number _____ Group number _____

PHOTOGRAPH / VIDEOTAPE RELEASE:

Reach Educational Services uses photographs and videotaping for the following reasons: to create social stories, scrapbooks, and educational lessons; to educate the community at workshops or lectures; in advertisement (without using identifying information). Please sign **one** of the consent levels below.

OPTION 1 - I authorize consent for photographs / videotapes for educational lessons, social stories and scrapbooks only.

_____ date
parent signature

OPTION 2- I authorize consent for photographs / videotapes for educational lessons, social stories, scrapbooks, and to educate the community at workshops or lectures.

_____ date
parent signature

OPTION 3- I authorize consent for photographs / videotapes for educational lessons, social stories, scrapbooks, to educate the community at workshops and lectures, and advertisement.

_____ date
parent signature