

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

Which integrated playgroup location are you registering for?

1 Huckleberry Lane

115 Sandwich Street- Suite 5

Forestdale, Ma 02644

OR

Plymouth, Ma 02360

CIRCLE ONE ABOVE

What are the dates of this group? _____

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: _____

CHILD'S DIAGNOSIS: (check all that apply)

Asperger's Syndrome PDD Autism Obsessive-Compulsive Disorder

Non-Verbal LD Tourette's Syndrome ADD or ADHD Anxiety or Phobias

Bi-Polar Communication Disorders Developmental Delay Down Syndrome

Learning Disabilities None

Other (please describe) _____

BEHAVIORAL ISSUES: (check all that apply)

Hits Kicks Bites Scratches Pinches Tantrums Yells

Other _____

Does your child have a behavior plan at school or home? ____YES ____NO
(if yes, please attach copy)

Does your child require a 1:1 for behavior or safety? ____YES ____NO

COMMUNICATION:

Please describe your child's communication skills/ communication tools used
(examples: expressive language delay/level, receptive language delay/level, non-verbal,
speaks in one-word sentences, at age level, uses voice output device, PECS, etc)

GOALS:

Please state your goals for your child _____

INTERESTS:

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

OTHER:

Any other information you would like us to know _____

HOW DID YOU HEAR OF US?:

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.

parent signature

date

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.

parent signature

date

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

parent signature

date

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

parent signature

date

