REACH Educational Services, Inc.

Mailing address: 1 Huckleberry Lane
Forestdale, MA 02644
508-747-1556

CAPE COD location- 1 Huckleberry Lane in Forestdale, MA 02644
Saturday July 10th

9:00- 11:00	Boys ages 5-8 Train play	12:00- 2:00	Girls ages 5-8 Dolls/Tea Party
3:00- 5:00	Boys ages 9-12 Let's Hang	6:00- 8:00	Girls ages 9-12 Mini- sleepover

PLYMOUTH location- 115 Sandwich Street #5 Plymouth, MA 02360
Saturday August 14th

9:00- 11:00	Boys ages 5-8 Train play	12:00- 2:00	Girls ages 5-8 Dolls/Tea Party
3:00- 5:00	Boys ages 9-12 Let's Hang	6:00- 8:00	Girls ages 9-12 Mini- sleepover

Please circle group you are registering for

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: (circle 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, Inc. 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