



GROUP ENROLLMENT FORM

Group _____

Child's Name: _____ Child's Date of Birth: _____

Parent(s) Name: _____

Address: _____

Home Number: _____

Cell Number 1: _____

Cell Number 2: _____

Email: _____

Emergency Contact Information

In the case of an emergency the following people would be contacted in the order below:

(1) Name: _____ Number: _____

(2) Name: _____ Number: _____

(3) Name: _____ Number: _____

(4) Name: _____ Number: _____

_____ I give permission for my child to be released to the above named individuals. I understand (initial) that my child will not be released to anyone who is not listed and that those listed must show photo identification.

If there is anyone else who might drop off or pick up your child from group please note them below:

Help us learn more about your child (use back or provide additional information if needed)

Does your child have any developmental or medical diagnoses? If yes, please list below:

Did your child receive Early Intervention Services before the age of 3? If yes, please describe services:

Does your child attend school? If yes, where and what type of classroom setting?

Does your child have an IEP or 504 plan currently executed in their school? If yes, please describe special education services:

Does your child receive any other therapeutic services either in school or outpatient? If yes, please describe:

Does your child exhibit any safety risks or aggressive behaviors? (Example: Stuffing food, biting, head banging, throwing, fleeing...etc.)

Is your child able to separate from you easily in new settings? If no, please explain:

Are there any strategies that work well for your child that would support their success in this group? If yes, please describe:

Is your child able to read independently? If no, please describe level of interest and engagement in reading:

Is your child able to follow verbal instructions? If no, please explain strategies you find helpful:

Is there anything that your child finds aversive that would be helpful for clinicians to be aware of?

What are your child's interests and favorite activities?

Tell us a little bit about your child's peer relationships:

What are your goals for your child in this group?

Health and Medical Information

Does your child have any food allergies? If yes please list:

Does your child have any dietary restrictions? If yes please describe:

Does your child have a prescribed Epi-Pen for allergic reactions? If yes, you will be given a medication administration form to complete prior to beginning group.

Are there any other medical concerns we should be aware of? If yes please describe:

I understand that completion of this enrollment form does not guarantee enrollment into a Puzzle Pieces, LLC group. Enrollment is based on availability of space in age based developmental groupings and appropriate match of skills to group content per clinician discretion. I will be contacted if there are any further questions about my child's participation in a Puzzle Pieces, LLC group and a confirmation will be sent once my child is enrolled. I understand that enrollment into a group does not guarantee group completion and clinicians reserve the right to terminate a child's enrollment at any time if clinically necessary and parents will be consulted as needed.

Signature of parent or legal guardian

Date

Print Name of parent or legal guardian

Relationship to child

Staff Use Only

- Group Enrollment _____
- Completed Liability Waiver
- \$50 Non-Refundable Deposit