



Application for Enrollment

If you are interested in having your child participate in one of our engaging Social Learning Groups please complete this application for enrollment. Each child's application is mindfully reviewed for enrollment and their placement in a group is based on several criteria including: demands of the curriculum, play skills, developmental level, readiness, and level of independence. In the event that we are unable to identify a group that best aligns with your child's needs and goals, alternative options may be offered.

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

Parent(s) Name: _____

Address: _____

Home Number: _____

Cell Number 1: _____

Cell Number 2: _____

Email 1: _____ Email 2: _____

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:

Date Form Completed: _____

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 in an outpatient setting? 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:

The next set of question is in relation to your child's play (use back or provide additional information if needed)

Does your child seek peers or adults to play with as a partner in interactive play?

How does your child use **language** during interactive play? For example, are they able to describe actions or scenes, are they able to communicate as multiple characters, are they able to negotiate and problem-solve?

How does your child play with objects/toys during interactive play? (e.g., imagining that play-dough is a birthday cake, using a doll as a baby, using blocks to be airplanes, using a toy car as a car).

How flexible is your child to the ideas of others' during play?

What are your child's interests and favorite activities?

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 application for 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

Puzzle Pieces, LLC

Release and Waiver of Liability & Assumption of Risk and Indemnity

1. I understand that participation in Puzzle Solvers Social Learning Group, Social Speech Group, or Zones of Regulation Group, (hereafter “the Group”) has certain dangers and risks, including illness and injury.
2. I agree, for myself and on behalf of any minor named below, my heirs, assigns, personal representatives and next of kin, as a consideration of, and in consideration for, being permitted to participate in the Group, to freely and expressly assume and accept any and all risks, known and unknown, of injury or death to me, or property loss or damage, including injury, death, or loss or damage attributable to the negligence of Puzzle Pieces, LLC, their employees, contractors, volunteers and associates (hereafter, “the Organizers”).
3. I agree to release the Organizers, their respective agents, directors, officers, and employees from any and all responsibility or liability for injury or damages, which result, either directly or otherwise, from my participation in the Group. I agree not to make a claim against or the Organizers for injuries or damages related to my activities during the Group.
4. I am aware that this is a release of liability and a contract between the Organizers and myself. I am signing it freely and of my own accord and I recognize and agree that it is binding upon myself, my heirs and assigns, and in the event that I am signing it on behalf of any minors, I have the full legal authority to do so, and realize the binding effect of this contract on them, as well as on myself.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Minor Release

Name of Minor _____ Age _____

Parent/Guardian Signature

Date

Parent/Guardian Printed Name