

## Participant Application: Individual Services



info@secondnaturesocialskills.com

phone: 508.747.2663

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Which number do you prefer us to try first while your child is with us? **Circle one: Home / Cell**

### Individual Services (please provide up to 3 time choices):

*Second Nature Social Skills© reserves the right to combine or change individual services times at any time prior to starting services. We will try our best to accommodate to your schedule*

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
1st choice:	1 <sup>st</sup> choice:	1 <sup>st</sup> choice:	1 <sup>st</sup> choice:	1 <sup>st</sup> choice:
2nd choice:	2nd choice:	2nd choice:	2nd choice:	2nd choice:
3 <sup>rd</sup> choice:	3 <sup>rd</sup> choice:	3 <sup>rd</sup> choice:	3 <sup>rd</sup> choice:	3 <sup>rd</sup> choice:

### Payment Option (please check one): \$75.00 per hour of instruction

\_\_\_\_\_ **Weekly** full payment provided at time of service (\$75 per 1 hour weekly)

\_\_\_\_\_ **Bi-Weekly:** two payments: 50% twice a month (\$150 per 2 hours bi-weekly)

\_\_\_\_\_ **Monthly** payments: 100% once a month (\$300 per 4 hours of service)

### Applicant Information (please check one):

\_\_\_\_\_ EXISTING Applicant

\_\_\_\_\_ NEW Applicant (**A one-time \$60 enrollment fee applies\***. The fee includes record review, interview, & informal evaluation to best serve your child's placement needs.

**\*Due at the time of application.**

# Parent/Legal Guardian Waiver, Release & Responsibility Form

Please read and initial next to each section:

## \_\_\_\_\_ **A. General Liability Waiver**

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, do hereby consent to his/her participation in voluntary projects and functions sponsored and/or organized by Second Nature Social Skills©, its members, or its staff (hereafter referred to as Second Nature©). I understand that he/she is responsible for his/her behavior. I do hereby waive and release Second Nature©, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Second Nature© organized and/or sponsored projects or functions.

## \_\_\_\_\_ **B. Transportation Liability Waiver**

I do hereby consent to Second Nature© providing transportation (in private vehicles) for my child/ward if necessary. I understand this service is not guaranteed. I do hereby waive and release Second Nature©, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's involvement in transportation services provided by Second Nature©.

## \_\_\_\_\_ **C. Release to Seek Medical Treatment\***

In the event of a medical emergency, I do hereby consent to Second Nature© releasing my child/ward to the nearest, most appropriate medical professional available. I understand that Second Nature© will notify me of such an event immediately after they have sought proper medical treatment for my child/ward. Second Nature© should contact me at the following phone number: \_\_\_\_\_.

*\*If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please discuss your child's/ward's needs with Second Nature© directly.*

## \_\_\_\_\_ **D. Photo / Video Release**

I hereby grant Second Nature© permission to use my child's/ward's likeness in a photograph / video in any of its publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of Second Nature© and will not be returned.

## \_\_\_\_\_ **E. Video Release**

I hereby grant Second Nature© permission to use my child's/ward's likeness in a video for educational purposes. I understand that it will be shared and reviewed with other video participants, the video participant's parents / guardians, Second Nature© Educators, and attendees at Second Nature© sponsored educational events.

## \_\_\_\_\_ **F. Group Commitment and Responsibility**

I understand that I am responsible for **full payment** of the *individual services provided* (winter, spring, summer or fall) regardless of missed sessions. For planning purposes and for scheduling purposes, I agree to give at least 24 hours advance notice whenever possible via telephone if my child/ward is going to miss a session to avoid full payment of services.

**By signing below, I indicate that I understand and agree to the items initialed above.**

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you hear about Second Nature Social Skills© (please circle one)?**

- a. Referral from another participant's family
- b. AANE (Asperger's Association of New England)
- c. Internet Search
- d. Referral from another source (please name): \_\_\_\_\_
- e. Other: \_\_\_\_\_

**What are at least three things you would like us to focus on?**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Please list any allergies or accommodations needed in order to participate.**

\_\_\_\_\_

**Please include a copy of the attendee's most recent evaluations with this application.**

**Relevant evaluations include, but are not limited to:**

- *Neuropsychological/Neurology Evaluations*
- *Speech and Language Evaluations*
- *Occupational Therapy Evaluations*
- *Individualized Education Plans (IEPs) and / or 504 Plans*

**To join our individual services, please use this checklist & submit the following:**

• All Participants:

- \_\_\_\_\_ Completed **application / participant forms**
- \_\_\_\_\_ Copies of all recent **evaluations**
- \_\_\_\_\_ **Payment** Cycle Preference (*see first sheet for payment schedule*)

• New Participants Only:

- \_\_\_\_\_ **Enrollment Fee**
- \_\_\_\_\_ **Case History Form** (*separate document found on our registration page*)



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