

*Participant Application: Spring 2019 Social Skills Groups*



Email: [info@secondnaturesocialskills.com](mailto:info@secondnaturesocialskills.com)

Phone: 508.747.2663

Address: 29 South Park Avenue, Plymouth, MA, 02360

Name \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

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

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

Emergency Contact Person: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

**Choose Session (please check one):** *Second Nature Social Skills© reserves the right to combine or change group times at any time prior to starting group. We will try our best to accommodate to your schedule.*

**Saturday - Social Skills Groups (2 hours)**

**8 Week Session**

April 27, May 4, 11, 18 June 1, 8, 15, 22

<b><i>TWO HOUR GROUPS</i></b>	<b><i>ONE HOUR GROUPS</i></b>
<input type="checkbox"/> 9:30a.m-11:30a.m.: Mid/Upper Elementary Group	<input type="checkbox"/> 11:45a.m.-12:45p.m.: 5-6 year olds
<input type="checkbox"/> 9:30a.m-11:30a.m.: Upper Elementary/Middle School Group	
<input type="checkbox"/> 9:30a.m-11:30a.m.: Middle School Group	
<input type="checkbox"/> 9:30a.m-11:30a.m.: High School Group	
<input type="checkbox"/> 11:45a.m.-1:45p.m.: Upper Elementary	
<input type="checkbox"/> 11:45a.m.-1:45p.m.: Middle/High School Girls	
<input type="checkbox"/> 11:45a.m.-1:45p.m.: Middle/High School Group	

**Payment Option (please check one): \$60.00 per hour of instruction\*\*\***

**Payment for Two Hour Groups**

**Payment for One Hour Groups**

<input type="checkbox"/> <b>One</b> full payment provided with application <ul style="list-style-type: none"> <li>● <b>\$960.00</b></li> </ul>	<input type="checkbox"/> <b>One</b> full payment provided with application <ul style="list-style-type: none"> <li>● <b>\$480.00</b></li> </ul>
<input type="checkbox"/> <b>Two</b> payments: 50% at time of application, remaining 50% due at the beginning of the <b>3rd</b> week <ul style="list-style-type: none"> <li>● <b>2 installments of \$480.00</b></li> </ul>	<input type="checkbox"/> <b>Two</b> payments: 50% at the time of application, remaining 50% due at the beginning of the <b>3rd</b> week <ul style="list-style-type: none"> <li>● <b>Two installments of \$240.00</b></li> </ul>
<input type="checkbox"/> <b>Three</b> payments: 50% at the time of application, remaining 25% due at the beginning of the <b>3rd and 5th</b> week <ul style="list-style-type: none"> <li>● <b>\$480.00 with application, 2 installments of \$240.00</b></li> </ul>	<input type="checkbox"/> <b>Three</b> payments: 50% at the time of application, remaining 25% due at the beginning of the <b>3rd and 5th</b> week <ul style="list-style-type: none"> <li>● <b>\$240.00 with application, 2 installments of \$120.00</b></li> </ul>

**\*\*\*The program cost may be covered by some insurance plans for our clients with an Autism Spectrum Disorder Diagnosis. If you are seeking insurance reimbursement, please fill out our Insurance Reimbursement Form found on our registration page. In order to verify benefits with your insurance company, we will need that along with a copy of the front and back of your insurance card, and a Doctor's note stating your child's diagnosis and the need for Social Skills Instruction using the ABA model.**

**\*\*\* Please note, that you will be responsible for all costs not covered by your insurance including co-pays or co-insurance, as applicable. Co-Pays and/or Co-Insurance are due at the time of service. In addition, we require 24 hours' notice for any absences. If we do not receive 24 hours' notice, you will be responsible for the daily program based fee.**

**Otherwise, scholarships available upon need. If you would like more information on the scholarship process please email [info@secondnaturesocialskills.com](mailto:info@secondnaturesocialskills.com) and reference the Martin Joseph Gordon Jr. scholarship in your inquiry.\*\*\***

<input type="checkbox"/> <b>RETURNING</b> Applicant	<input type="checkbox"/> <b>NEW</b> Applicant (A one-time \$60 enrollment fee applies. This fee includes record review, interview, and formal evaluation to best serve your child's placement needs. Due at the time of application.)
---	---

**Parent/Legal Guardian Waiver, Release & Responsibility Form**

**Please read carefully 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**

Our staffing and financial commitments are based on client registrations; therefore, I understand that I am responsible for full payment of the entire group session (winter, spring, summer or fall) regardless of missed sessions. For planning purposes and for the other group participants, I agree to give at least 24 hours advance notice, via telephone/email, if my child/ward is going to miss a session.

\_\_\_\_\_ **G. Insurance Based Clients**

I understand that I am responsible for the daily program based fee if I fail to provide Second Nature© with 24 hours advance notice via telephone/email of my child/ward's absence.

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

**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 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 next group session, please use this checklist & submit the following:**

\_\_\_\_\_ Completed application/participant forms

\_\_\_\_\_ Case History Form (separate document found on our registration page)

\_\_\_\_\_ Copies of all recent evaluations

\_\_\_\_\_ Enrollment Fee

\_\_\_\_\_ Payment to Second Nature© for the session (see Page 3 for payment schedule)