

Lonnie R. Ouellette M.A./M.Ed./Cert.BIA
LRO Behavioral Consulting, LLC
629 Massachusetts Ave. Suite 201
Boxboro, MA 01719
(978)314-3647



Registration Form for Social Teens Monday or Thursday Sessions

Social Teens: (ages 12-16) This social skills group is designed for teens who are in middle or high school who may present with emotional, behavioral, and/or social difficulties. Social skill topics addressed through facilitated instruction, and social practice opportunities include: recognizing feelings, moods, and emotions, stress, and anxiety; strategies to promote self-regulation, and coping skills; appropriate social practices that are typical to this age level, organizational, and executive functioning skills, initiating and sustaining appropriate social communication, perspective taking, conflict resolution, and problem solving skills. Monthly community trips, and social events are planned to promote the generalization of social skills across settings, and independent daily living skills. Examples of trips, and social events: bowling, trampoline park, restaurants, mini-golf, cooking activities, holiday party planning for younger children, etc. Sessions are scheduled weekly for 1 hour/15 minutes or 1 hour/30 minutes. Parents may choose the option which best fits the needs of their teen/family. Sessions that are for an hour and a half include a ½ hour parent training session at the beginning of the session. An informal “parent talk” format will include topics raised by participants as well as by the facilitator relating to adolescent/teen development, emotional, behavioral and social skill development, and the strategies and interventions to promote positive parenting skills.

Session Schedule: **Mondays or Thursdays 4:45-6:15 with parenting session** or **5:00-6:15 w/o parenting session**. Circle your choice of day or session type!

Cost: \$50.00 per session/\$200.00 per month with parenting session or \$45.00 per session/\$180.00 per month without parenting session.

Parent/Caregiver Name(s): _____

Child(ren)'s Name(s)/Age(s): _____

Address: _____

Telephone: _____ Email: _____

Please make checks out to: Lonnie R. Ouellette: Questions? Please email Lonnie at:

lrouellette.peterpancenter@gmail.com or call 978/314-3647

Lonnie R. Ouellette M.A./M.Ed./Cert.BIA
LRO Behavioral Consulting, LLC
629 Massachusetts Ave. Suite 201
Boxboro, MA 01719
(978)314-3647



Parent Contact Form

Parent/Guardian Name(s):

Mother: _____

Father: _____

Other Guardian: _____

Child's Name: _____

Child's Date of Birth/Age: _____

Street Address: _____

City, ST, Zip: _____

Home Tel.: _____

Work Tel.:

Mother: _____

Father: _____

Other Guardian: _____

Cellular Phone:

Mother: _____

Father: _____

Other Guardian: _____

E-Mail Address:

Mother: _____

Father: _____

Other Guardian: _____

Program(s) Child will be attending: _____

Any Food Allergies or Restrictions? _____

Referred by: _____

Lonnie R. Ouellette M.A./M.Ed./Cert.BIA
LRO Behavioral Consulting, LLC
629 Massachusetts Ave. Suite 201
Boxboro, MA 01719
(978)314-3647



Waiver, Release of Liability, and Terms for Program Participation

Please initial all pages, and sign below:

The Center's services may not be insurance-reimbursable.* Payment for services is expected as services are delivered in the form of cash or check made out to directly to the service provider. Group programs during the school year are billed monthly with payment expected at the time of the first session of the month. Your child's placement in a group is guaranteed by the following month's tuition payments. If your child will be leaving the program or taking time off, please let us know so that we can open up a spot for another child. For summer group programs payment is expected on the first session for all weeks the student will participate unless other arrangements have been made. No refunds are issued for missed group classes, but make-up opportunities may be made available. There will be a \$25.00 fee for returned checks.

Please provide 24 hour notice if you need to cancel or change a consultation appointment, and/or if your child will miss a session and you would like to request a make-up session.

I, _____ (parent/guardian) of _____ (child), hereby grant permission for his/her participation in programs at the Peter Pan Center for Social & Emotional Growth, and release the center, Donna Shea, Lonnie R. Ouellette or provider of service, from liability for the standard type of unforeseeable accidents such as between-peer-child incidents, communicable colds, etc. "acts of God"/weather, and other similar accidents on and offsite of the center.

If an accident requiring urgent medical treatment occurs, I agree to allow the program staff to call an ambulance on my child's behalf, and release the specifics of the accident to the treating medical personnel/hospital. I am providing my child's current health insurance information in case it is needed.

Name of Health Insurance Carrier: _____

Child's Personal ID#: _____

Group ID#: _____

I also confirm that my child meets all of the Peter Pan Center's guidelines for participation (please check).

- My child is “fluent” in his/her use language.
- My child does not warrant 1:1 supervision for safety, guidance, and behavioral dysregulation.
- My child will not engage in escape behavior or bolting from supervision or the building premises.
- My child does not present with significant history of verbal or physical aggression towards adults or peers.
- My child shows initial interest in engaging in social interactions.
- My child shows age-appropriate self-help skills in regards to toileting and use of the restroom facilities.
- My child does not engage in self-injurious behaviors.

I understand that if my child engages in bolting, physical aggressions towards peers or staff/adults at the center, tantrum-behaviors, self-injurious behaviors or any other behaviors that pose a risk to self and others, he/she may be asked to leave the program immediately, with no tuition refund to be issued.

I have read, and understand the above policies, and terms for my child’s participation.

Parent/Guardian Signature: _____

Date: _____

*Flexible Spending Accounts typically allow reimbursement for our services (including social skills groups). Behavioral consultation services with Lonnie dba LRO Behavioral Consulting may be covered under limited insurance plans. Please speak directly with Lonnie to discuss possible coverage for a portion of consultation costs.

