

# The Peter Pan Center

For Social & Emotional Growth

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**629 Massachusetts Ave.  
Suite 201 (2<sup>nd</sup> Floor)  
Boxborough, MA 01719  
978/263-4947  
[www.peterpancenter.com](http://www.peterpancenter.com)**

## **Social Tweens Program**

**Social Tweens:** (ages 10-12) This social skills group is designed for older elementary children and young teens who are getting ready to or have entered middle school and is focused on the more complex skills required of middle schoolers. Through facilitated practice, tweens are coached in the moment that social challenges occur and are given new strategies and language to attain, maintain and generalize improved social skills through incidental learning. This group supports tweens in building self-confidence, understanding the complexities of middle school socialization and improving perspective taking, conflict resolution, listening and problem-solving skills. Participants will be required to demonstrate basic social functioning prerequisite skills that will be assessed at the initial parent meeting prior to participation. Social skills that are practiced and addressed through in-the-moment facilitation include: independent functional, and cooperative peer/group skills, group skills (active engagement, social reciprocity, following group directions, etc.), social communication skills, socioemotional skills (e.g. identifying, and expressing feelings, moods, and emotions), promoting self-regulation, and developing community social skills.

Session Schedule:

Mondays 4:30-5:45 PM

Tuition: \$180.00 per month – **Please make checks payable to Donna Shea**

For more information or to set up a parent visit to discuss our programs for your child, please email Donna at: [dshea.peterpancenter@gmail.com](mailto:dshea.peterpancenter@gmail.com) or call 978/263-4947.

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# PARENT/GUARDIAN 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? \_\_\_\_\_

Donna L. Shea, B.A.  
Director/Social Educator  
dshea.peterpancenter@gmail.com  
Cell : 978/413-1965

Lonnie R. Ouellette, M.A./M.Ed./Cert. BIA  
Parent Education/Behavior Specialist  
lrouellette.peterpancenter@gmail.com  
Cell: 978-314-3647



dba The Peter Pan Center for Social & Emotional Growth  
LRO Behavioral Consulting, LLC  
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 directly to the service provider. Group programs 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. 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.

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.

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).

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- 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.