



ARE YOU LOOKING FOR MORE SOCIAL OPPORTUNITIES FOR YOUR CHILD?

IS HE OR SHE INTO MINECRAFT, LEGOS, POKEMON, STAR WARS OR AN AVID GAMER LOOKING FOR LIKE-MINDED FRIENDS TO HANG OUT WITH?

JOIN US AT PETER PAN'S SOCIAL SATURDAYS FOR WINTER 2017! CUSTOMIZED FUN FOR KIDS AGES 7-12!

WE MOVE AROUND A LOT TOO! WE PLAY NERF, DODGEBALL, 4-SQUARE AND MORE IN OUR RECESS ROOM!

SATURDAY SOCIAL OPPORTUNITIES AT THE PETER PAN CENTER

**THE PETER PAN CENTER
629 Massachusetts Ave.
Suite 201 (2nd Floor)
Boxborough, MA 01719
978/263-4947**

www.peterpancenter.com



Registration forms are available here, on our website or call for more info and to set up a tour!



The Peter Pan Center Program Registration Form

Saturday Social Opportunities

Winter 2017

Participant Information:

Child's Name: _____

Age: _____

Parent Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

E-Mail: _____



Allergies or Dietary Restrictions? _____

Medications (example Epi Pen?) _____

New participants must meet our guidelines for participation on the waiver form and are encouraged to schedule a visit prior to registering for programs to ensure our program is a good fit for your child. If your child is a little younger or older and you would like them to attend, we would be happy to discuss the possibility with you.

The Peter Pan Center Saturday Social Opportunities – Winter 2017

Check Full Week(s) or Circle Individual Day(s):

| <u>Program</u> | <u>Day(s)</u> | <u>Time</u> |
|--|---------------|-------------|
| <input type="checkbox"/> January 28, 2017 | Saturday | 12:30-4:00 |
| <input type="checkbox"/> February 4, 2017 | Saturday | 12:30-4:00 |
| <input type="checkbox"/> February 11, 2017 | Saturday | 12:30-4:00 |
| <input type="checkbox"/> March 18, 2017 | Saturday | 12:30-4:00 |
| <input type="checkbox"/> March 25, 2017 | Saturday | 12:30-4:00 |
| <input type="checkbox"/> April 1, 2017 | Saturday | 12:30-4:00 |
| <input type="checkbox"/> April 8, 2017 | Saturday | 12:30-4:00 |



Please send any snacks and beverages your child can have each session.
Electronic devices are allowed for technology time (Minecraft, etc.)
Program is facilitated and social coaching provided by Donna Shea and staff.

TUITION:

#of Saturdays _____ x \$60/day \$ _____

Please fill out a separate form and waiver on back of form for each child.

Thank you!

Total Tuition Paid
\$ _____

Please make checks payable to Donna Shea.

Mail to:
Donna Shea
The Peter Pan Center
P.O. Box 312
Harvard, MA 01451

Waiver and Release of Liability for Program Participation at the Peter Pan Center

Please fill in and provide your signature below if your child will be participating in programs at the Center.

I, _____ (parent's name), parent/guardian of
_____ (child's name), hereby grant permission for
his/her participation in programs at the Peter Pan Center and release the Peter Pan Center and Donna Shea
and any other provider of this 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 facilitator to call an
ambulance on my child's behalf and release the specifics of the accident to the treating hospital. I am
providing my child's current health insurance information in case it is needed.

Name of Health Insurance Carrier: _____

ID # _____

I also confirm that my child meets all of the guidelines for participation (please check).

- My child is "fluent" in his/her use of language
- My child does not need one-to-one attention for safety
- My child can transition in and out of the program without incident and does not have a history of bolting
- My child does not have a history of significant physical or verbal aggression towards peers and others
- My child is interested in socializing with other children
- My child can independently take care of restroom needs
- I give permission for my child to walk to the local playground (weather permitting) with staff
- I give permission for my child to be photographed and videotaped for educational, training and marketing purposes (no names of children are ever published) – optional

I understand that if my child has issues with bolting or aggression that I do not disclose and is aggressive
with staff or other children or creates a dangerous situation by attempting to leave the Center that my
child may be asked to discontinue participation in the program and no tuition refund would be issued.

Parent Signature: _____

Date: _____