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[www.peterpancenter.com](http://www.peterpancenter.com)

## Registration Form for Social Saplings (Kindergarten)

**Social Saplings (Kindergarten)** (ages 5-6) This social skills group is designed for our youngest students who may present with emotional, behavioral and/or social difficulties. Social skill topics are addressed through facilitated instruction, and social practice opportunities. Topics may include: initiating and sustaining social communication, developing organization skills, self-help skills, functional, and cooperative peer/group play skills, group skills (attending, sharing, and following group directions), socioemotional skills (e.g. identifying, and expressing feelings, moods, and emotions), the acquisition of self-regulation skills, and developing community prosocial behaviors. Sessions are scheduled weekly for 1 hour/15 minutes.

**Parent Program:** included in the cost per session is a 75 minute every other month parent workshop during one social skills session each month. Workshop agendas are based on topics raised by participants, as well as the facilitator relating to child development, emotional, behavioral and social skill development, and the strategies and interventions to promote positive parenting skills. Parents will receive a binder for training materials.

**Session Schedule: Wednesday 4:00-5:15**

**Parent Program Schedule: 2<sup>nd</sup> Wednesday of every other month**

Please note: free childcare in the waiting room will be available during all parent workshop sessions.

**Program Cost:** \$62.50 per session payable at the beginning of each month

Parent/Caregiver Name(s): \_\_\_\_\_

Child(ren)'s Name(s)/Age(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you need childcare in order to attend the parent workshop sessions? **Yes / No**

Ages of children for childcare: \_\_\_\_\_

**Please make checks payable to: Jennifer Beary**

To register email or call Jen at: [jbeary.peterpancenter@gmail.com](mailto:jbeary.peterpancenter@gmail.com) or call 978/985-1408

629 Massachusetts Ave. Suite 201  
Boxboro, MA 01719  
(978) 985-1408



**Parent Contact Form:**

**Parent #1:** \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

**Parent #2:** \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Child's Date of Birth/Age: \_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_

Program(s) Child will be attending: \_\_\_\_\_

Any Food Allergies or Restrictions? \_\_\_\_\_

Referred by: \_\_\_\_\_

## Waiver, Release of Liability, and Terms for Program Participation

Revised, March 2019

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 a month in advance 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 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, Jillian Goodrich, Jennifer Beary 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 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 give permission for my child to be photographed and videotaped for educational, training and marketing purposes (no last names of children are ever published) - Optional

\_\_\_\_\_ While the Peter Pan Center for Social & Emotional Growth/LRO Behavioral Consulting is committed to be a peanut or other allergy friendly facility, we cannot guarantee that peanuts or other allergens will not find their way into our facility. I agree that I will not hold any staff member liable should any parent/client not abide by the posted sign in our waiting room leading to peanut or allergen contamination of toys, materials and furnishings that may result in a reaction by children with known peanut or other allergies. We ask that you continue to take every precaution to protect yourself and your children from unwanted exposure to peanut or other allergens.

\_\_\_\_\_ I understand that if I do not give 24 hours advanced notice of my child's absence from session, a make-up session will not be guaranteed. Make-up sessions dates are assigned and will occur during another groups session.

\_\_\_\_\_ I understand that I am to give The Peter Pan Center 30 days notice if I plan to withdraw my child from the program. Withdrawal from the program will lead to a forfeiture of all unused make-up sessions.

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

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_