

The Peter Pan Center  
60 Willow Road  
Ayer, MA 01432  
978/772-1255



**PARTICIPANT INFORMATION SHEET**

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

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

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

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

Home Tel.: \_\_\_\_\_

Work Tel.: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

E-Mail Address\* (opt.) \_\_\_\_\_

\*The Center offers an online newsletter if you would like to receive updates on our programs for parents, children and families.

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

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Please initial and sign below:

\_\_\_\_\_ The Center's services are not insurance-reimbursable. Payment for services is expected as services are delivered in the form of cash or a check made out to Donna Shea. Group programs are billed monthly. There will be a \$25 fee for returned checks. Some families have been successfully reimbursed through employer flexible spending accounts - we are happy to provide a receipt.

\_\_\_\_\_ Please provide 24 hours notice if you need to cancel or change an appointment.

\_\_\_\_\_ I understand that I am engaging the services of a behavioral, social and parenting coach and not a licensed clinician/therapist. The Center does not provide mental health treatment or diagnostic services but will assist clients in attaining the appropriate referrals and resources as necessary.

**I have read and understand the above policies:**

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

**PLEASE FILL OUT AND SIGN RELEASE OF LIABILITY ON BACK**

The Peter Pan Center  
Waiver and Release of Liability for Program Participation

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,  
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 outside the reasonable control of the staff.

If an accident requiring urgent medical treatment occurs, I agree to allow the Peter Pan  
Center staff 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
- My child can independently take care of restroom needs

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: \_\_\_\_\_