



2019 SOCIAL GROUP APPLICATION FORM

Participant Name: _____ Birthdate: _____ Gender: _____

Parent/Caregiver Name(s): _____

Phone number #1: _____ Phone number #2: _____

Email address: _____ / _____

The following questions are to help us ensure that your child is a good fit for your desired social group. Please make sure that you sign the last page of the application and return to Tommy@PartnersinAutism.com.

Your application form will be reviewed, and if accepted, you will receive a confirmation of enrollment to the email address provided on this form along with further details regarding dates, contact information, etc.

Please circle the social group(s) you are interested in. (See descriptions below):

Boundaries Crossed **Navigator's** **On Your Way Academy** **Other** _____

Boundaries Crossed is a social group specifically for youth 11+ with Asperger's and/or similar characteristics.

Navigator's Scout Chapter 239 is an all-inclusive, secular scouting group, open to children ages 2-11, of all abilities. This is not a specialized social group, it is open to the general population. A diagnosis is not required.

On Your Way Academy is a group operating out of a transitional classroom setting for children who need help transitioning into a traditional grade school setting.

Does your child have a diagnosis or behavior concern? _____

Does the participant have any allergies or health restrictions that we should know about?

Has the participant shown any aggression or self injury over the past 2 years? Police or psychiatric involvement? Please elaborate:

Participants likes:

Participants dislikes:

Please list the primary social goal for the participant attending our group:

Please tell us anything else about yourself or the participant you would like us to know:

PLEASE INITIAL EACH STATEMENT THAT APPLIES, THEN SIGN:

____ I understand that my contact information provided above will be used for communication about the group as well as future related groups or classes.

____ I allow the use of my and/or my child's image in photographs and/or video for use in materials that may include (but are not limited to) printed materials such as flyers, newsletters, videos, crafts for participants to take home (scrap books, memory books, etc), as well as taking pictures with their peers.

____ My signature below attests that I agree to the statements above, and I understand that my child, named above, and any caregiver participating in the group, do so at our own risk and will not hold Partners in Autism, or group facilitators, liable for any injuries, accidents, etc.

____ I understand that if my child is a minor I must pick them up at the room at the conclusion of the group meetings. During social outings, I understand that I cannot drop off and must attend and be responsible for the supervision of my child.

Parent/Guardian Signature

Date

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