



FRIENDSHIP TEAM ADVENTURES

Consent for Participation

I understand that I am giving permission for my child, _____, to participate in the Friendship Team Adventures Program. I understand that my child will be participating in Team Building and Social-Language activities; however, my child is not receiving individual and/or group speech-language “treatment.” I understand that because my child is participating in a group activity there is the potential for social conflicts between children to arise. Every effort will be made to use these conflicts as a positive learning opportunity within the group. If your child has a history of negative behaviors which could potentially harm the instructors, other children and/or property, it is your responsibility to inform SPEECH PATHways at this time.

Child’s Name _____

Parent/Guardian (please print) _____

Signature Parent/Guardian _____

Date _____

Location/Times:

All Classes will take place on THURSDAY EVENINGS from 6-7pm at KIDZ PATHways in Westminster, MD. KIDZ PATHways is the new additional sensory-motor room added to the SPEECH PATHways offices. The address is 532 Baltimore Blvd., Ste. 306 (3rd floor) of the Westminster Professional Center.

Child’s Full Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____

Parent(s)/Guardian(s): _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Other #: _____

Emergency Contact: _____



E-mail Address: _____

Child's Diagnosis: _____

Significant Medical Information and/or Allergies? _____

Significant behavioral information and/or concerns?

Pragmatic Language/Social Skills (please circle any of the following that your child has difficulty with):

- Introductions and greetings*
- Eye contact*
- Turn taking in activities*
- Turn taking in conversations*
- Maintaining topic of conversation*
- Using appropriate conversational topics*
- Body space*
- Body language*
- Reading non-verbal cues*
- Facial Expressions*
- Emotions/feelings*
- Building and/or Maintaining Friendships*
- Initiating Conversations*
- Terminating Conversations*
- Problem Identification*
- Conflict resolution*
- General Manners*
- Impulse control*
- Respect for Authority*

Please list any special interests or hobbies your child has: _____

Is your child independent in the bathroom? Yes No

Describe any discipline problems you have with your child and how your deal with these issues: _____

Describe any evaluations or therapy for behavior or emotional problems: _____

EDUCATIONAL HISTORY

Does your child exhibit any learning style preferences? ___ Visual ___ Auditory ___ Both

What other services does your child have now? What has he/she had in the past?

Type of service	Has Now	Had Before
Physical Therapy		
Occupational Therapy		
Speech-Language Therapy		
Psychological or Behavioral Counseling		
Nutritional Services		
Other (describe)		



HEARING HISTORY

Do you ever question your child’s ability to hear normally? Yes No

If “yes”, please explain: _____

Is your child easily distracted? Yes No

Does your child have difficulty following directions? Yes No

When was the last time your child’s hearing was checked?

Within the last year 1-3 years ago 4 or more years ago

Child’s Doctor: _____

Address: _____ Telephone: _____

City: _____ State: _____

Zip: _____

Please describe any other issues or concerns that you would like for the staff to be aware of:

Parent/Guardian
Signature _____

Permission to Photograph & Videotape

I _____ give my permission to (Please check all programs that are applicable to your registration):

The Friendship Team Adventures Program (a program of SPEECH PATHways & OT Kidz)

to photograph and/or videotape my child, _____ while he/she is participating in the program.

Specifically, I give my permission for my child's image to be used in the following situations (please initial next to the items that you are giving permission for):

_____ I give my permission for my child's photographs and/or video image to be used for teaching and/or training purposes of the children in the Program.

_____ I give my permission for my child's photographs and/or video image to be used for teaching and/or training purposes of other professionals.

_____ I give my permission for my child's photographs to be used for further marketing of the Program in print and on the SPEECH PATHways or OT KIDZ web sites.

_____ I give my permission for videotapes that include my child to be viewed by parents whose children also participated in my child's group.

Parents may view all photos and videotapes of their child by request at any time. We appreciate your willingness to allow us to utilize photos and video as part of our program, marketing and teaching purposes.

Parent/Guardian Name (please print)

Child/Participant

Parent/Guardian Signature

Date

Program Representative



Payment Information

Cost is \$40.00 per class for 6-weeks for a total of \$240.00 due prior to or at the first class. Payment should be made to SPEECH PATHways via cash, check or charge (Mastercard/Visa/Discover). If other financial arrangements are required this must be taken care of prior to the first session. All sessions must be paid for in full. There are no make-up classes unless there is inclement weather.

Authorization to Bill Credit Card for Services

Please bill my credit card for the following programs:

Friendship Team Adventures \$240.00

My credit card information is as follows:

(Name on Card)

Type of Credit Card (please circle) VISA MASTERCARD DISCOVER

Credit Card #

Exp. Date

3 digit CCV#

Street Address: _____

Zip Code: _____

Signature