



Social Skills Groups Registration Cover Page Winter/Spring 2012

Participant's Name:		DOB:	Age:	Grade:
Name(s) of Parent(s)/Caregiver(s):				
Address:		City:	State:	Zip:
Home Phone:		Cell Phone:	Email:	
Please indicate best way to contact you for placement:				
Diagnoses:				
<input type="checkbox"/> New <input type="checkbox"/> Returning: List groups/years attended:				
Programs covered by RI Medicaid (Rite Care/Katie Beckett) A self-pay \$15.00 registration fee is required with this application. Total = \$15.00 if applying for multiple programs. If you do not have Medicaid please contact Sue at 785-2666, ext. 1005 or visit theautismproject.org for program costs. Please submit your payment information with application (payment information form is attached).				
<input type="checkbox"/> The Club (field trips) <input type="checkbox"/> Move & Groove <input type="checkbox"/> Creative Expressions (E. Greenwich)* <input type="checkbox"/> The Club - Just Dance <input type="checkbox"/> Game On! Karate* <input type="checkbox"/> In Harmony: Music Rocks <input type="checkbox"/> Club Jr. (field trips) <input type="checkbox"/> Leaps & Bounds (music-based activities) <input type="checkbox"/> Club Jr.-L.S. (field trips) <input type="checkbox"/> Social Thinking <input type="checkbox"/> Music Makers age 6-9 years <input type="checkbox"/> Teen Talk <input type="checkbox"/> Drumming age 9-12 years <input type="checkbox"/> Girls Night Out (self-pay fee for each activity) <input type="checkbox"/> Curtain Call (drama-based activities)				
Total # of groups you wish to attend_____. Please number your top 3 choices to help with placement. * Pre-requisite: Groups that meet off-site require prior approval from Project staff for participation. Separate Adult Application is available for the Adult Community Group and Coffee Talk.				
<i>Please complete the following information in the event that an emergency arises and we must contact you. Include information about how to reach you or another designated person during your child's group.</i>				
Emergency Contact Name		Relationship		Phone Number(s)
Emergency Medical Information				
Name of Physician:		City:	Phone:	
Please check all items that apply to child's present health. Thoroughly explain any checked answers.				
Allergies (list below): <input type="checkbox"/> No known allergies				
<input type="checkbox"/> Food (include any dietary restrictions):				
<input type="checkbox"/> Insects/Plants:				
<input type="checkbox"/> Medicine Allergies:				
Treatment for any of the above that The Autism Project may need to do:				
Medications my child is taking:				
<i>In case of emergency, I understand that every effort will be made to contact me or the contact people listed above. If I cannot be reached, I understand that staff will use a standard 911 protocol.</i>				
Signature of parent/guardian:			Date:	
Printed name of parent/guardian:				
CEDARR? <input type="checkbox"/> yes <input type="checkbox"/> no		Agency:		HBTS? <input type="checkbox"/> yes <input type="checkbox"/> no Agency:

Office use: U-A-session _____ / _____ RE TPR TC SC SB ENR-25-100% _____



Social Skills Program

PAYMENT INFORMATION

Participant Name:	
Parent Name:	
Billing Address:	
City:	State:
Zip:	
Method of payment for Registration Fee <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa/MasterCard/Discover	
For Credit cards, Card #	Exp. Date:
Cardholder's Name:	
Cardholder's Billing Address:	
Method of payment for Program Fee <input type="checkbox"/> RI Medicaid/Katie Beckett (<u>please include copy of card</u>)	
<input type="checkbox"/> Self-pay (check website for prices) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa/MasterCard/Discover	
For Credit cards, Card #	Exp. Date:
Cardholder's Name:	
Cardholder's Address:	
<i>I authorize The Autism Project to process my payment as indicated above.</i>	
Parent/Guardian Signature:	Date:

FOR OFFICE USE ONLY	
Payment Received: ___ / ___ / ___ \$_____ Initials:___ Katie Beckett Approved: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	