



158 Newark Ave.  
Jersey City, NJ 07302  
T: (201) 324-1700 / F: (201) 324-1788  
E: info@sensorykidsandsocialminds.com  
www.sensorykidsandsocialminds.com

## Intensives

### Registration Form

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: F  M

Parent/Guardian Name: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Please Circle: (Home/Work/Cell)

Secondary Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Please Circle: (Home/Work/Cell)

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

Would you like to receive emails regarding upcoming workshops/programs? Yes  No

### **PROGRAM ENROLLMENT**

New Clients: Children will need to be evaluated if they are not in our clinic family.

**ALL RATES MUST BE PAID IN FULL AT THE TIME OF REGISTRATION.**

#### **Please select one:**

\$150 = One Day

\$550 = 1-Week Enrollment (\*Discounted Rate)

- |                                      |                                     |                                      |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> One Week    | <input type="checkbox"/> Four Weeks | <input type="checkbox"/> Seven Weeks |
| <input type="checkbox"/> Two Weeks   | <input type="checkbox"/> Five Weeks | <input type="checkbox"/> Eight Weeks |
| <input type="checkbox"/> Three Weeks | <input type="checkbox"/> Six Weeks  |                                      |

**Dates that your child will be attending:** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

#### **Cancellations & Make ups:**

Sensory Kids & Social Minds will make every effort to notify parents of cancellations via email or telephone. We also offer a compensatory make-up for every day cancelled for weather or other reasons. Make up sessions require a least 24 hours' notice to excuse an absence and be granted a make-up session. Any scheduled make up missed will be considered a paid session.

### **EMERGENCY CONTACT**

In case the parent/guardian cannot be reached.

Parent/Guardian Name: \_\_\_\_\_



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Relationship to child: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ALL ABOUT YOUR CHILD**

Does your child have difficulty understanding or following directions?

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Describe how your child gets along with other children:

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What does your child's dislike?

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Please list your child's favorite play activities/toys?

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What are your child's favorite foods?

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Does your child have any allergies? Yes  No  If so, please explain below:

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How severe is the allergic reaction? Mild  Moderate  Severe

Do they require an EpiPen? Yes  No

Is there any specific dietary needs we should know about (e.g. gluten-free, soy-free, no sugar, etc.)?

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Is your child a picky eater? Yes  No  If so, please explain below:

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Please describe your child's sensory triggers (e.g. loud noises, crowds, etc.): If so, please explain



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reactions displayed below:

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Please describe your child’s behavior in the community/social settings:

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Describe how your child gets along with other children:

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Please describe any toileting concerns:

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Please share any other information that you feel will be helpful to us in working with your child:

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\_\_\_\_\_  
**Signature (Parent or Guardian):**

\_\_\_\_\_  
**Today’s Date:**

\_\_\_\_\_  
**Name of Child (Print Name):**

\_\_\_\_\_  
**Today’s Date:**



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### Permission to Use Photography and Videography

Please initial one of the following boxes to address photography and videography as a client at Sensory Kids and Social Minds, LLC.

I hereby consent Sensory Kids & Social Minds, LLC, its representatives and employees, the right to take photographs/videos of my child \_\_\_\_\_. I also grant Sensory Kids and Social Minds, LLC, the right to edit, use, and reuse photos and videos in print, on the internet, and all other forms of media. I agree that Sensory Kids and Social Minds, LLC, may use such photographs/videos of my child for therapeutic intervention purposes, learning purposes, publicity, illustration, advertising, and Web content. I hereby release Sensory Kids and Social Minds, LLC, and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I do not give permission to Sensory Kids and Social Minds, its representatives and employees, the right to take photographs and/or videos of my child \_\_\_\_\_.

*I have read and understand the above:*

Signature of parent/guardian X \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Child's Name (Print) \_\_\_\_\_

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



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### Intensives Liability Waiver (Minor)

I hereby certify that I am the legal parent/guardian of \_\_\_\_\_ and I give my consent to his/her participation to attend field trips associated with Sensory Kids & Social Minds' Social Summer Intensives Program. I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of bodily injury, property loss or damage).

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child's participation in the Social Summer Intensives. To the fullest extent allowed by law, I hold harmless and agree to indemnify Sensory Kids & Social Minds, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child's participation, resulting from any cause whatsoever, and regardless of fault.

In the event of emergency, I consent to have Sensory Kids & Social Minds act on my behalf to access relevant medical treatment which may be deemed advisable.

#### In an emergency, please contact:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_