

SOCIAL GROUP APPLICATION

Please complete the entire application form so that we may best meet your child's needs and interests, include a **one-time \$125 application fee**, and return to our office. After the application is received, we will contact you to schedule an intake meeting.

Social Groups meet weekly, and are formed based on best matches of students and family schedules during weekday afternoon / early evening hours, and on Saturdays. During your intake meeting, we will discuss potential fit for specific groups, as well as schedules. We offer our Summer Solutions Program July-August. Students may enroll on a week or multiple week basis.

Today's Date: _____ Person Completing Application/Relationship to Student: _____

Name of Student: _____ D.O.B. _____ Gender: M / F
Age: _____ Grade: _____

Primary Address: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone/Cell Phone: _____ Work Phone/Cell Phone: _____

Email: _____ Email: _____

** Please inform **Learning Solutions, LLC** of applicable custody arrangements.*

Who else lives in the student's residence:

Name: _____	Age: _____	<input type="checkbox"/>	Sibling
Name: _____	Age: _____	<input type="checkbox"/>	Sibling
Name: _____	Age: _____	<input type="checkbox"/>	Sibling

Does your child have a medical diagnosis? Y / N _____
If yes, please include medical documentation of diagnoses.

Does your child have any physical limitations? Y / N _____
If yes, please provide a detailed list on back of form.

Does your child have any allergies/dietary restrictions? Y / N _____

Is your child on an IEP or 504 Plan? Y / N ***If yes, please attach copies of your child's most recent plan, and/or evaluations.***

Is your child currently participating in a school program? If so, please list: _____

Has your child attended a social skills group/program previously?: Y / N If so, where? _____

How did you hear about, or who referred you to, Learning Solutions? _____

LIKES: _____

DISLIKES: _____

STRENGTHS: _____

CHALLENGES: _____

REACTION TO NEW PEOPLE: _____

REACTION TO NEW ENVIRONMENTS: _____

REACTION TO NEW EXPERIENCES: _____

HELPFUL STRATEGIES/ COPING SUPPORTS: _____

HOW DOES YOUR CHILD BEST COMMUNICATE?: _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?: _____

Please list 1-3 skills or goals you would like your child to work on while attending Learning Solutions:

1. _____
2. _____
3. _____

**Please attach
a recent photo
of your child
here.**

Availability for Social Group

Please indicate which group times would be possible for your child. Please note that we **CANNOT GUARANTEE** preferred assignment.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning: 9:00am-12:30pm							
Early Afternoon: 12:30pm-3:30pm							
Afterschool: 3:30pm - 5:30pm							
Evening: 5:30pm - 8:00pm							

PLEASE NOTE THE FOLLOWING GROUP PARAMETERS and POLICIES:

- Enrollment - Enrollment for new students is contingent on an intake meeting to assess fit with peers enrolled in the program.
- Payment - Payment is required in full, even if students must miss one or more days (except by written approval of Learning Solutions owner).
- All participants are required to have an authorized and signed credit card on file at Learning Solutions or a commitment to pay letter from a school or an organization.
- Cancellation - Learning Solutions requires one month's notice of cancellation. In the case of client cancellation thirty days prior to services, clients will be entitled to a full refund of cancelled dates less \$150 deposit. Families are expected to pay for any days - whether attended or not - for the weeks registered. Please note the exceptions to this:
 (1) documented emergency/medical reasons, (2) if Learning Solutions cancels group and is unable to re-schedule at a time the family can attend (this includes snow days), and (3) any other exceptions provided in writing by Learning Solutions owner.
- \$125.00 application fee is due upon submitting an application (non-refundable). Original Application Fee and Intake Meeting remain relevant unless participant takes greater than 6-month break from attending group or Learning Solutions related service.

Please sign below to indicate your understanding of the policies outlined above, your accurate reporting of student information in this application, and your intention to enroll the above-named participant in **Learning Solutions, LLC** Summer Solutions Program during weeks indicated.

Parent/Guardian Signature: _____

(Print Name) _____

Date: _____

Please return the completed application, applicable attachment(s), and a \$125.00 non-refundable application fee to:

Learning Solutions, LLC, 49 Walpole St., Suite 1, Norwood, MA 02062