



620 Oakland Street, Hendersonville, 828-693-4223

Connect Program – Returning Student Information

Child's Name _____

Gender Male Female

Birthday ____/____/____ Age _____ School _____

Parent/Guardian's Name _____

Home Phone Number _____ Mobile Phone Number _____

Email Address _____

Mailing Address _____

Street

Apt/Ste

City

State

Zip

County

Does your child have a diagnosis that you would like to share with us? _____

Does your child receive any services that you would like to share with us? _____

Is your child on any special diet or have any allergies? If so, please explain: _____

Who referred you to this program? _____

Parent Contract for Connect Group

I, _____ (parent name), agree that my child, _____ meets the following prerequisite skills:

- **Able to attend to group instruction with minimal prompting**
- **Basic awareness of social behaviors**
- **No major risk of harm to self or others**
- **Desire to improve/willingness to try and participate**
- **Basic understanding of the between real and pretend**

I understand that the Connect classes and St. Gerard House staff will do their best to accomplish the following goals:

- Provide professional instruction and maintain a safe (emotional and physical) learning environment for children
- Teach social coping skills and help build greater social awareness within each child
- Communicate with parents about children's progress

I understand that St. Gerard House reserves the right to withdraw a child for lewd, aggressive, or self-injurious behavior. I also understand that I have the right to withdraw my child from the St. Gerard House Connect social skills class at any time.

I understand that in order to provide the maximum experience that is at the heart of Connect, St. Gerard House reserves the right to postpone or cancel a week prior to the start of the session if a minimum of 4 participants enrolled in a particular age group has not been met.

I also understand that payment for classes is due by the 2nd class unless a payment plan has been pre-arranged with the St. Gerard House office. Refunds (minus a \$30 deposit) are only provide if the participant is withdrawn before the second class.

Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	Print Child's Name

Supplemental Information

To help us know more about your child, please complete the following information. Thank you!!

1. What are some things that your child likes (reinforcers)?

2. What are some things that your child does not like (food, environments, etc.)?

3. When your child is upset, please describe the scope of behaviors.

4. What type of classroom or learning environment is your child placed (e.g. modifications used, aides required, etc.)?

5. Besides working towards individual goals, what are other expectations you may have of the Connect program?

Thank you for your time!

Permission for Use of Photographs/Videos

Please choose one option below:

1. **🍏 Yes, I give permission:** As a legal guardian to this child, I hereby authorize and **give full consent** to St. Gerard House to publish, modify, edit, and display on their webpage or promotional materials any photographs/videos taken for them in which the image of _____ **(child's name)** appears. It is further agreed that St. Gerard House may use these photographs/videos for all internet/web and advertising related to the recruitment of participants and promotional activities without compensation.

2. **🍏 No, I do not give permission:** As legal guardian to this child, I do NOT authorize or give full consent to St. Gerard House the use of any photographs/videos taken in which the image of _____ **(child's name)** appears, for public viewing or promotional materials in any way.

Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	Print Child's Name

Insurance Information

(in the event of a medical emergency)

Insurance Carrier:	Secondary Insurance (if none, please write none):
Name of Policy Holder:	Name of Policy Holder:
Name of Insured:	Name of Insured:
Policy Number:	Policy Number:
Coverage Effective Date:	Coverage Effective Date:
Coverage End Date:	Coverage End Date:

******Copy of Medical Insurance Card MUST be attached******