

## Social Skills Group Registration Form

Interested in Social Skills Session: (Please Circle)	November 2013	January 2014	March 2014	May 2014
Participant's Name:	DOB:	Age:	M or F	Grade:
Name(s) of Parent/Caregiver:				
Street Address:		City	State:	Zip:
Home Phone:		Cell Phone:		
Email:		Best Way to Contact:    Email    Home Phone    Cell		
Emergency Contact	Relationship	Phone Number		
Emergency Medical Information				
Physician:		Phone:		
Diagnoses:				
Allergies/Dietary Restrictions:				
Medications:				
Please List Medical Conditions:				
Participant Information				
<b>How did you hear about Social Skills Groups at KRS?</b> <input type="checkbox"/> Physician <input type="checkbox"/> Website <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Other _____		<b>Why I would like my child to join a Social Skills Group:</b>   		

**Is your child currently receiving special education services? If so, please explain.**

**Does your child have any behavioral/emotional challenges? If so, please explain.**

**Please list the areas you would like your child to work on during the social skills training program:**

**Please list some of your child's strengths:**

**Please list your child's likes (e.g., foods, activities, etc.):**

**Please list your child's dislikes:**

**Additional Comments:**