



**Contact & General Information** (\*Required Information)

Child's Name\* \_\_\_\_\_ Child's Age\* \_\_\_\_\_ Child's Date of Birth\* \_\_\_\_\_ Gender\* \_\_\_\_\_

Child's School\* \_\_\_\_\_

Parent's Name(s)\* \_\_\_\_\_ Email Address\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Is your child a new or current client of Wynns Family Psychology? (select using "x") \_\_\_\_\_ New \_\_\_\_\_ Current

Which group or camp will your child be joining?\*(select using "x")

- |   |   |
|---|---|
| <input type="checkbox"/> Young Children's Social Skills Group       | <input type="checkbox"/> Elementary Social Skills Group       |
| <input type="checkbox"/> Middle School Social Skills Group          | <input type="checkbox"/> Teen Social Skills Group             |
| <input type="checkbox"/> Boys Social Skills Group                   | <input type="checkbox"/> Girls Social Skills Group            |
| <input type="checkbox"/> Young Children's Social Skills Summer Camp | <input type="checkbox"/> Elementary Social Skills Summer Camp |
| <input type="checkbox"/> Middle School Social Skills Summer Camp    | <input type="checkbox"/> Teen Social Skills Summer Camp       |
| <input type="checkbox"/> Study Skills Summer Camp                   | <input type="checkbox"/> Parenting Group                      |
| <input type="checkbox"/> Other (please include name of group) _____ |   |

Date(s) of Your Camps/Groups\* \_\_\_\_\_ Date of Parent Session (mandatory for groups) \_\_\_\_\_

How did you learn about our camps/groups? \_\_\_\_\_

**Tell Us About Your Child**

What is the reason for joining the camp or group?  
\_\_\_\_\_

Has your child had any prior therapy or testing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please describe. \_\_\_\_\_

Has your child been given a diagnosis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please describe. \_\_\_\_\_

Does your child require 1:1 or special assistance in class to manage his/her behavior? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child been suspended or expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please explain. \_\_\_\_\_

What are your goals for the group? 1). \_\_\_\_\_

2). \_\_\_\_\_ 3). \_\_\_\_\_



In which skill areas does your child need help? (mark all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> making friends  | <input type="checkbox"/> joining a group of kids playing   | <input type="checkbox"/> conflict resolution      |
| <input type="checkbox"/> keeping friends | <input type="checkbox"/> anger/frustration control         | <input type="checkbox"/> reading social cues      |
| <input type="checkbox"/> personal space  | <input type="checkbox"/> expressing emotions               | <input type="checkbox"/> initiating conversations |
| <input type="checkbox"/> shyness         | <input type="checkbox"/> communication/respect with adults |   |

Other comments or concerns about your child:

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Does your child have any food allergies or medical conditions we should be aware of?  Yes  No

If "yes," please list. \_\_\_\_\_

## Agreement

Thank you for sharing your child or teen with us! We're excited to get to know your family. Please read through the important information and sign/date below.

**A deposit is required to reserve your child's spot in a group or camp. This deposit is nonrefundable. There are no exceptions unless we cancel a group/camp due to low number of participants.**

Also note there are no "guarantees" as to a certain number of participants, ages of participants, or number of boys versus girls. We find a child can be successful in our social skills group or camp, even if the participants have different disorders or difficulties, are older/younger, or higher/lower functioning. One aspect that makes our groups successful is that children and teens with strengths in a particular area can model their skills and provide a positive example for kids who might be struggling with similar skills. (And it's always a thrill for us when group participants become friends and socialize outside of the group.) That said, we do screen participants to make sure they are a proper fit for a group/camp.

Warning: If your child is socially awkward or anxious, he/she may insist on NOT coming (or coming back) to the group or camp. Our groups/camps encourage your child to confront his or her social fears, which can be anxiety-provoking. Please commit to bringing your child to all sessions so that he/she can get the most out of them and maximize success. A critical component in conquering fears is to face them "head on."

Please encourage your child to do his or her "homework." This helps generalize the skills outside of the group even more quickly.

Your signature below confirms that you have read through this entire document, understand the information, and agree to it.

**Parent's Signature** \_\_\_\_\_ **Date\*** \_\_\_\_\_

**Date deposit paid\*** \_\_\_\_\_ **Method\***  **Paypal**  **Check**  **Cash**  **Credit Card**

Would you like to sign up for our free No Wimpy Parenting Newsletter?  Yes  No

Once you've completed this form, please save it and email to [info@WynnsFamilyPsychology.com](mailto:info@WynnsFamilyPsychology.com)



WYNNS family psychology  
expert solutions for kids, teens & families



## Extended-Day Summer Camp Registration

Wynns Family Psychology is pleased to offer an extended summer camp day option. The extended day option is available for all camps except the Teen, Study Skills, and Gifted Camps. The extended hours option allows campers to continue practicing their social skills through a variety of activities. The Extended Day is overseen by interns, supervised by a licensed psychologist. By signing below, you acknowledge the following items:

1. The extended day option runs from noon-4pm, Monday-Friday on the dates of the scheduled camp.
2. Any late pickups after 4pm are subject to late fees (prorated rate of our hourly rate of \$100).
3. The parent is responsible for providing a lunch, snack, water bottle, and sunscreen for their camper each day.
4. The fee for the extended day option is **\$175 for the week** (deposit for the full weeks is \$325 which includes the \$250 deposit for the camp hours.) The total for camp + extended day option is \$625.00.
5. There is not a CPT code provided for the extended hours. In other words, insurance companies will not reimburse this \$175 fee.

Child's Name: \_\_\_\_\_

Camp you are registering for: (grade and dates/session): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are going to have another adult pick up your child**, please provide their contact information here:

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

Phone Number: \_\_\_\_\_