



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")

- | | |
|--|--|
| _____ Young Children's Social Skills Group | _____ Elementary Social Skills Group |
| _____ Middle School Social Skills Group | _____ Teen Social Skills Group |
| _____ Boys Social Skills Group | _____ Girls Social Skills Group |
| _____ Young Children's Social Skills Summer Camp | _____ Elementary Social Skills Summer Camp |
| _____ Middle School Social Skills Summer Camp | _____ Teen Social Skills Summer Camp |
| _____ Study Skills Summer Camp | _____ Parenting Group |
| _____ 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:

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

If "yes," please list. _____

Extended day option (12 - 4pm), \$175 for week. (Campers bring lunch, snack, sunscreen, water bottle.) Y N

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



Extended-Day Summer Camp Registration

Wynns Family Psychology is pleased to offer an extended summer camp day option (includes all camps with the exception of Teen and High School Camps). The extended-hours option allows campers to continue practicing their social skills through a variety of activities. The Extended Day is overseen by master's level therapists. 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 week is \$325 which includes the \$250 deposit for the camp hours). The total for camp + extended day option is \$625.
- 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 (age group and dates/session): _____

Parent's Name: _____

Phone Number: _____

Parent Signature: _____ Date: _____

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

Name: _____

Phone Number: _____