

Wally's Play Groups  
1818 Westlake Ave. N. #312  
Seattle, WA. 98109  
(206) 898-1433



**WALLY'S PLAY GROUPS REGISTRATION**

Today's Date \_\_\_\_\_

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

Age \_\_\_\_\_ Child's Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Parent/Guardian 2 \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

<p><b>INTEREST – check all that apply</b></p> <p><input type="checkbox"/> Child only group</p> <p><input type="checkbox"/> Parent/Child Incredible Years group</p>
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**Are you a parent or legal guardian of the child with enrollment authority for this group? Circle One: Yes / No**

Child's School \_\_\_\_\_ Grade level (Fall of 2019) \_\_\_\_\_

School Contact Information \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Other people in your household and their relationship to you:

\_\_\_\_\_

Pets \_\_\_\_\_ Friends \_\_\_\_\_

Food allergies \_\_\_\_\_

Child's favorite games and activities \_\_\_\_\_

What small prizes might be reinforcing for your child? \_\_\_\_\_

Diagnosis (optional) \_\_\_\_\_ Previous play skills groups \_\_\_\_\_

Emergency number (in case we need to reach you) \_\_\_\_\_

Care Coordinator (doctor/therapist/guardian responsible for directing child's care) \_\_\_\_\_

## WPG Registration and Release

**Please provide a little more information:**

Which behaviors of your child concern you the most? How often do they occur? How long have they been a concern to you?

What is the most important thing you hope your child will gain from our play group?

What are your child's strengths?

What else do you want us to know about your child?

## WPG Registration and Release

### RELEASES:

In the event that Karrin Grutz and Erin Olson are both working with my child \_\_\_\_\_, I authorize them to exchange written and verbal information for the purpose of program coordination. I understand that I may revoke this consent at any time.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLAY GROUP PARTICIPATION RELEASE

I have read the play group policies and am giving my child \_\_\_\_\_ permission to attend. I understand that proper behavior will be required as a condition of my child's attendance, including my child's adherence to conditions and directions given by Karrin Grutz. If my child is unable to follow these safety conditions and directions, I understand that Karrin Grutz may discontinue my child's participation in the program.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL OBSERVATION RELEASE

In the event that I request Karrin Grutz to observe my child in their school/classroom setting, I give permission for Karrin to discuss my child with necessary school staff.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO/VIDEO RELEASE

I consent to my child being photographed/videotaped for group purposes only.

Yes

No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROGRAM DEVELOPMENT RELEASE

I consent to nonidentifiable information being used for the purpose of program evaluation/development:

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_