

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



WALLY'S PLAY GROUPS REGISTRATION

INTEREST – check all that apply <input type="checkbox"/> Child only group <input type="checkbox"/> Parent/Child Incredible Years group

Today's Date _____

Parent(s) name(s) _____

Occupation(s) _____

Child's name _____ Age _____ Child's Birth date _____

Address _____ City _____ Zip _____

Phone _____(day) _____(evening)

E-Mail _____

Are you a parent or legal guardian of the child with enrollment authority for this group? Yes / No

Child's School _____ Grade level (Fall of 2018) _____

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:

___ 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: _____