



Enrollment Form: Bryce's Journey's Social Skills Group

Enrollment days: Monday __ Tuesday __ Wednesday __ Thursday __ Friday __

Location: Bryce's Journey, Inc., 1279 River Street, Hyde Park, MA 02136

Drop off: 4:15 p.m. Pick up: 6:30 p.m.

Childs Name:

First: _____ Middle Initial: _____ Last: _____

Grade of Child: _____

Age: _____

Date of Birth: _____

Name of School: _____

Gender: _____

Race: _____

BPS School ID No. _____

Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Has child been diagnosed with Autism Spectrum Disorder? Yes or No

Has child been diagnosed with ADHD? Yes or No

Please note any known allergies:

Parents Name:

Name: _____

Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

What is your annual salary: _____

Does your child have any behavioral issues? Yes or No

Examples: Hitting, Spitting, Kicking, Wandering.

My child will remain at Bryce's Journey's Social Skills Group until being picked up by:

Name

Relationship to child

Telephone/Cell Number

Please specify each person, including names of parents, who have permission to pick up your child from Bryce's Journey's Social Skills Group.

Name

Relationship to child

Telephone/Cell Number

Name

Relationship to child

Telephone/Cell Number

STATEMENT OF LATE FEES:

Please note that Bryce's Journey's Social Skills Group ends promptly at 6:30 p.m. After 6:30 p.m., a late charge will be assessed at that rate of \$1.00 per minute for each minute late.

STATEMENT OF POLICY:

All students attending Bryce's Journey's Social Skills Group are required to follow Covid 19 guidelines. Students with a fever or a contagious illness may not participate in the program until being cleared with a medical note from their provider.

I have read and understand the Statement of Late Fees and Statement of Policy.

Signature

Date