



*Social Connexions*TM
Registration Form

Name: _____ DOB _____
Parent/Guardian: _____
Whom does client live with: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Client's cell: _____ Contact person's cell: _____
Home #: _____ Work: _____
Email Address: _____
Best time to call: _____
Significant others in client's life (*i.e.*: *brother, sister, grandmother, babysitter, friends etc*):

SKILL LEVEL INFORMATION:

School if applicable: _____
Program *i.e.*: *Special Education*: _____
Reading Level: _____ Reading Comprehension: _____
Verbal Skills: _____ Concept of Money: _____
Understanding time concepts (calendars and clocks): _____
Diagnosis: _____

SOCIAL INFORMATION:

Likes/Hobbies:

Dislikes:

Strong Skills:

Skills needing development- *i.e. making friends, flexibility, knowing how to play with others in social setting etc:*

What are your expectations of this program:

What does client hope to achieve during this program:

Other information *Social Connexions*TM needs to be made aware of:

Medical Consent

I (__ do authorize / __ do not authorize) BRITE Success,LLC, in an emergency, to act in my behalf for my child's sake and to have my child transported to the nearest medical facility.

Physician Contact Information:

Name of Physician: _____

Address: _____

Phone Number: _____

Special Needs:

Please list any known allergies (food/medical/seasonal). Please write "None" if no allergies:

Does your child have any dietary restrictions?

Please list any medications your child is currently taking along with dosing information:

Please list any previous illnesses, surgeries, broken bones, etc.:

Does your child have any physical restrictions?

Is your child free from infection and contagious disease?

Insurance Information:

Is your child covered under any Medical Insurance Policy? _____

Name of Provider: _____

Group Number: _____

Policy Number: _____

Policy Holder's Name: _____

Immunization Requirements:

My child attends the following school:

Address of School:

Phone number of school:

___ My child's immunization record in on file at the school and all required immunizations tests are current.

***If not in school yet, you must bring in a copy of your child's immunization record.*

**I authorize the following to pick up my child or to contact in case of an
Emergency:**

Name: _____

Address: _____

Relationship to Child: _____

Office Number: _____

Driver's License Number: _____

Cell Number: _____

Home Number: _____

Name: _____

Address: _____

Relationship to Child: _____

Office Number: _____

Driver's License Number: _____

Cell Number: _____

Home Number: _____

Name: _____

Address: _____

Relationship to Child: _____

Office Number: _____

Driver's License Number: _____

Cell Number: _____

Home Number: _____

Signature of Parent/Guardian

Date

Please check which *Social Connexions*[™] group best fits your needs out of those listed below:

___ *Early Connexions*- This group is for ages Toddler- Kindergarten which meets twice a week, Tuesdays and Thursdays from 3:30-5:30pm, for 2 hours each session.

___ *School Connexions*- This age group is for those in Elementary school which meets once a week, on Mondays from 3pm-5pm, for 2 hours each session.

___ *Transition Connexions*- This group is for Middle, Junior High and High School students. They meet 4 times a month, a Monday and Friday evening from 5:30-7pm, for an hour and half each session. This group will be focusing on the importance of social skills within a group setting of peers such as eating out at a restaurant, going to sporting events, making friends and personal hygiene, and acceptable behavior in a group setting with peers.

___ *Community Transition Partnership*- This group is for those individuals who are Post-Secondary- Adulthood. These individuals will have a focus on more direct community involvement such as volunteering and learning a variety of skills for potential job placement.

To be completed by Office Staff

Session will be attending: _____

Registration Fee paid: _____

Staff initials

Date

T-Shirt size: _____

TERMS AND CONDITIONS

Social Connexions™ is first and foremost a commitment from BRITE Success, LLC to help your child develop skills needed to succeed in a social setting. With this said, we want to have an equal commitment from parents of our clients. Spaces are limited and if an issue involving frequent absences arises, your child runs the risk of having his/her space revoked and given to another student on our waiting list. Frequent is defined as being absent for 3 or more consecutive sessions. In this circumstance, the student asked to leave our program must reapply with the hope that a space is available for the next semester as there are no guarantees.

Each ***Social Connexions™*** group meets at our clinic location unless prior arrangements have been made such as a field trip or social event being pre-planned. Our groups are tuition based and run on a semester program with a total of three semesters per year; Fall, Spring and Summer.

Tuition Information

- **Tuition is \$50.00/session.**
- **There is a one-time registration fee of \$50.00.**
 - This includes the cost of a t-shirt to be worn on field trips.
- Tuition for each month is to be ***paid in full at the first session*** of each month without exception.
 - *Early Connexions*- \$400-\$500/month
 - *School Connexions*- \$200-\$250/month
 - *Transition Connexions*- \$200/month
 - *Community Transition Partnership*- Based on evaluation

**Absences must be approved by Social Connexions™ and rescheduling of sessions missed will be handled by BRITE Success LLC staff. All absences/cancellations require a 24 hour advance notice to the office.*

ACKNOWLEDGEMENT AGREEMENT:

I, _____, understand that *Social Connexions*[™] is a commitment requiring my son/daughter, _____, to be present . If an absence is required I understand that I must inform *Social Connexions*[™] staff at least 24 hours ahead of time and work out an arrangement for rescheduling sessions missed. If absences are frequent, more than three consecutive sessions missed, then I understand BRITE Success, LLC has the right to revoke my son/daughter’s spot within his/her specific social skills group. In the event that my son/daughter is asked to leave *Social Connexions*[™], I understand that we will have to reapply for future participation within their social skills program. I understand that Tuition is due at the first session of each month to be paid in full.

Responsible Party:

Client:

Print Name

Print Name

Signature

Signature

Date

Date

*Please mail completed form to:
BRITE Success, LLC
3007 Woodland Hills Drive #234
Kingwood, TX 77339*