



65-10 99th Street, Suite LL1 Rego Park, NY 11374
info@playworksny.com

Tel: 718-606-1818
<http://www.playworksny.com/>

Fax: 718-606-9436

SENSORY SOCIAL SKILLS GROUP REGISTRATION FORM

CHILD'S INFORMATION:

Child's Name: _____

Date of Birth: _____

Child's Diagnosis (if applicable): _____

Class Size/Ratio (if enrolled in a school or program): _____

PARENT/GUARDIAN'S INFORMATION:

Parent/Guardian's Name: _____

Phone Number: _____

Email address: _____

Describe your current concerns about your child. What is your main reason for enrolling in this group?

Describe your child's strong likes:



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Describe your child's strong dislikes:

Additional information you would like to share about your child (if any):



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PAYMENT INFORMATION:

Fee: \$30 per group session

All payments must be made in full before the first session in order to secure your registration. *Payments are non-refundable.*

- CASH
- CHECK (please make all checks payable to PlayWorks)
- CREDIT CARD

CREDIT CARD INFORMATION (IF PAYING BY CREDIT CARD)	
*Credit card info is needed to secure your registration prior to the group's start date, but please see the front desk on the first day of the group to charge payment *	
NAME ON CARD	
CREDIT CARD NUMBER	
CARD SECURITY CODE	
EXPIRATION DATE	
BILLING ZIP CODE	

Cancellation/Refund Policy:

Full payment is due at time of registration. No full or partial refunds/credit will be given for a child's failure to attend any part of a program for which he/she is registered. Makeups may be provided only if the therapist cancels a session.

Thank you,

PlayWorks