



FICK EDUCATIONAL SERVICES, LLC

Social Skills Groups

Please take a moment to complete this packet of information
to help us better interact and care for your child.

Child's Name		Date of Birth: MM/DD/YYYY	
Emergency Contact: Parent/Guardian Name		Relation to Child	
Address			
City	State	Zip	
Home Phone #	Cell Phone #		
Email			
2nd Emergency Contact: Parent/Guardian Name		Relation to Child	
Address			
City	State	Zip	
Home Phone #	Cell Phone #		
Email			

*Please be timely; space is limited and we can't wait to see your child at camp!!!



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Additional information about your child:

Which school does your child attend?	Does your child have a personal aide?
Please describe your child's disability or illness: behaviors, diagnosis, etc.	
Please share any information that you believe would assist us in better knowing your child such as special interests, likes/dislikes, other behaviors, etc.	
If you have and desires or expectations for your child during camp please share and we will do our best to address them and work on those specific tasks when possible.	

Signature of Parent of Guardian: _____ Date: _____



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RELEASE OF LIABILITY

This Release is executed and delivered on this day of _____, 2017, by

_____, parent or guardian of

_____ on behalf of heirs, executors, administrators, successors, and assigns (collectively the "Releasor") in consideration of being allowed to participate in any activities at Fick Educational Services, LLC. Releasor, hereby, fully releases and discharges Fick Educational Services, LLC, and its successors and assigns the Releasee from any and all rights, claims, and actions which the releasor may now have or may hereafter ever have against Releasee arising out of (child's name)

_____ participation in activities at the facility. This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable, and adequate consideration prior to the execution and delivery of this Release.

Signature of Parent of Guardian _____ Date: _____

Witness: _____ Date: _____

PHOTO/VIDEO RELEASE

I give my permission for photographs and/ or videos of my child to be used in any Promotional/Marketing materials for Fick Educational Services, LLC, including but not limited to their Facebook page, Website, etc.

Signature of Parent or Guardian: _____ Date: _____

Witness: _____ Date: _____

ACCEPTABLE CONDUCT POLICY

Fick Educational Services, LLC considers one of their primary functions is to provide an opportunity for developing independence and self-confidence through interaction with others children, adults, animals, etc. Each participant must maintain acceptable standards of conduct at all times. Consequently, any conduct by a participant which the Executive Director, Camp Director, or Staff members consider detrimental to the child's safety, the safety of other children, staff, animals or the facility itself may be deemed adequate cause for disallowing or time-out from participation in programs and activities.

Signature of Parent or Guardian: _____ Date: _____

Witness: _____ Date: _____



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Note: Upon Completion, please make copies of this packet for your records and return the original packet to:
FICK EDUCATIONAL SERVICES, LLC

Email:

Cris Fick: fickeducation@gmail.com

Phone:

Cris Fick: 610-457-2199

Address of Social Skills Course:

17 Turner Lane
West Chester, PA 19380

Be sure to check out the website:

www.fickeducation.com