



FICK EDUCATIONAL SERVICES, LLC
CONSULTING • TUTORING • EVALUATIONS • ADVOCACY

Social Skills Groups

Registration Packet

OFFICE USE ONLY			
___ Adv	___ Tutor	___ StSk	___ SoSk
___ SAT	___ TrCp	___ Spndcp	
___ HS Evals			
Intake Date: _____			

Please complete the following questionnaire so we are better able to serve 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			



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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: _____

Upon completion: Please make copies of this form for your records and return original packet via email (fickeducation@gmail.com) or mail to:

FICK EDUCATIONAL SERVICES, LLC
790 E. Market Street, Suite #300
West Chester, PA 19382

Be sure to check out the website for course updates:
www.fickeducation.com



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RELEASE OF LIABILITY

This Release is executed and delivered on this day of _____, 20__, 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:** _____

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:** _____