

2024 Fall SSS (Aug – Dec) _____

DATE: _____

Group :

Day :

Time :

Wed 4pm - Young – 1st class August 28

Thurs 4pm – Elem – 1st class August 29

Thurs 6pm - Middle School Boys – 1st class August 29

MAKE CHECK PAYABLE TO GAYLE BORN

SOCIAL SKILLS SUCCESS REGISTRATION

Parents' Names: _____

Child's Name: _____ Date of Birth: _____

School: _____

Grade in School: _____ Age: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Dad's Cell: _____

Work Phone: _____ Mom's Cell: _____

E-Mail: _____

Siblings: _____

Allergies: _____

Diagnosis: _____

Referred By: _____

Therapists currently working with your child: _____

Medications your child is currently taking and the dosage: _____

Goals for your child: _____

I, _____, give my permission for Gayle Born, Margaret Brito or Jim Trotti in the event of an emergency to consult with other professionals regarding my child, _____. I give permission for my child to be transported by ambulance to Children's Healthcare of Atlanta for treatment.

Signature of Parent: _____ Date: _____

MAKE CHECK PAYABLE TO GAYLE BORN

Deposit paid: _____ Check #: _____ Date: _____