

Learn with the Best - School Age PALS Questionnaire

Name: _____ Age: _____

School: _____ Grade: _____

Type of setting (Regular, Resource, Self-Contained) _____

My child communicates using complete sentences: Yes No

My child is able to follow verbal directions (i.e., Put the pencil on the table): Yes No

Activities my child enjoys: _____

Social games my child likes: (card games, board games, sports, etc.) _____

Items/Activities my child **Does Not** enjoy: (please list and explain) _____

My child has food allergies or a restrictive diet: Yes No

If yes, please explain: _____

My child's preferred snacks/foods are: _____

My child's NON-preferred snacks/foods are: _____

Activity/Attention Level: (check all that apply):

- Has typical attention span for age
- Very short attention span
- Less active, needs motivation
- Overactive
- Other - Please specify below

Please share details about any behaviors that your child may exhibit when he/she is feeling anxious or uncertain:

Please list any areas that you would like to see targeted during sessions. We will do our best to accommodate your requests. Thank you!

Additional Information: _____

Learn with the Best School Age PALS - Youth Information Form

CHILD'S INFORMATION

Child's Name (first/middle/last):		
Birth date:	Age:	Child's Social Security #
Grade:	School:	
Child's Name (first/middle/last):		
Birth date:	Age:	Child's Social Security #
Grade:	School:	
Address:		City:
Zip:	Home Phone:	
List child and check all that apply to your child, or write "None" for those that don't apply:		
<input type="checkbox"/>	Allergies (type including food):	
<input type="checkbox"/>	Diagnosed disability (explain):	
<input type="checkbox"/>	Individualized Education Plan:	
<input type="checkbox"/>	Medication (type and schedule):	
<input type="checkbox"/>	Physical limitations (explain):	
<input type="checkbox"/>	Special circumstances (explain on back):	

FAMILY INFORMATION (check parent/guardian to contact for questions):

Mother/Guardian's Name:		Employer:	
Work Phone:	Ext:	Mobile:	
Email:		Pager:	
Father/Guardian's Name:		Employer:	
Work Phone:	Ext:	Mobile:	
Email:		Pager:	

EMERGENCY INFORMATION - In an emergency, please contact the following first (circle) Mother or Father

Child's Doctor:	Doctor's Phone:
Child's Dentist:	Dentist's Phone:
Hospital Preference:	
Insurance Company:	Policy #:

IF MOTHER, FATHER OR GUARDIAN CANNOT BE REACHED, CALL:

Name:	Relationship to Child:	
Home #:	Work#:	Mobile#:
In addition to the above, list the names and relationships of persons to whom your child can be released:		
How did you learn about our program?		

POLICIES AND GUIDELINES

Please read the following policies and sign below to indicate your understanding of these policies.

WAIVERS/PERMISSION

- I permit my child to participate in activities LWTB conducts outside physical space of the learning center.
- I permit LWTB to use images of my child as a LWTB program participant in internal and external promotional material. This includes any printed material, broadcast, and print advertising, promotional videos and the LWTB website.
- I permit LWTB and/or the media to use images of my child in broadcast and print media news coverage of LWTB. I understand that my child's name will not be published unless permission is first obtained.

PAYMENT POLICIES

- Payments are due on the first day of the program. Rates are subject to change over time. Sessions may be cancelled at any time and sufficient notice will be given whenever possible.
- Insufficient funds - If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check. I will need to send cash, money order or a certified check within 10 business days after I receive notification letter from LWTB. At this point, personal checks will not be accepted. Payment in full is required before my child can continue to participate in LWTB programs.
- Refunds - I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted unless deemed appropriate by LWTB.
- Inclement Weather - I understand that programs are not available when school is closed due to inclement weather unless arrangements are made with LWTB. LWTB will make every attempt to reschedule during a mutually agreeable time.

MEDICAL TREATMENT POLICIES

- Accident Insurance - Participants are responsible for their own accident insurance when using LWTB and when participating in LWTB activities.
- Medication - LWTB does not normally administer any medication, but will do so only when directed in writing by the child's parent or guardian. In the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and LWTB may take appropriate action in the best interest of the child.
- Blood Borne Pathogen Exposure - I understand that, while my child is in the care of LWTB, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, LWTB will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician on the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, LWTB will provide the name and telephone number of the child's attending physician to the staff member.

I have read, understand, and agree with this statement and specifically authorize LWTB to release the name and telephone number of my child's attending physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child. **I agree to all the policies above.**

LWTB makes a good faith effort to educate your child to the best of our ability. We do not guarantee grade level performance as learning is a team approach involving LWTB, the school, parents, and students.

* Parent/guardian signature _____ Date _____

Learn with the Best School Age PALS

LOCATION AND DIRECTIONS:

501 Keisler Drive
Suite 104
Cary, NC 27518

We are in the corner of Tryon/64 and Kildaire Farm Road across from Western Wake Med, Walmart/Harris Teeter, and Waverly Place.

As a landmark, there is a First Citizens Bank on our corner and Keisler Drive can be accessed either off of Kildaire Farm Rd. (between First Citizens bank and the fire station) or from Tryon/64 (the new light/back entrance to Waverly).

On Keisler Drive, look for a sign that says “**WEST WAKE OFFICE CENTER**”. We are on the back side, lower level of the building.

SCHOOL AGE PALS OPTIONS

Price List (Includes PALS I, PALS II, and GAL PALS II)

- Number of Sessions - 5
- Length of Sessions - 1 hr.
- Cost per Session - \$40

OPTION A - Full Payment \$180.00 (10% discount)

OPTION B - 2 Payments \$100 each (\$200 total)

* Prices are subject to change and sessions may be cancelled for any reason.
Prior notice will be given whenever possible.