

Social Groups: Simply Social Kids is a unique, non-clinical social skills program for kids ages 5-17. Our friendly, accepting environment offers a balanced hybrid of structured social lessons and unstructured socialization practice with peers. The culture and activities are infused with elements of positive psychology which are proven to increase optimism. Kids who attend Simply Social Kids have shown their ability to generalize learned social skills into recess, lunch, family and community gatherings.

Drop Off & Pick Up: Parents are asked to stay in the parent waiting area for the first session as we become acquainted with your child. Parents may drop off for subsequent sessions but should stay within 15 minutes of the center. To hear a summary of the group, plan to pick up 10 minutes early to hear the facilitator overview. If you need a more in-depth conversation, a future appointment may be needed since our groups often run subsequently.

Attendance, Closings, Missed Sessions: Our groups run monthly through the school year and we have a modified schedule for the summer. Simply Social Kids usually closes if Tyngsboro closes due to weather. We will verify through e-mail and on Facebook. We may also close if a social coach is unable to facilitate due to illness or emergency. If your child misses group due to their illness or other commitment, **we are unable to provide a refund for a missed group.** Every effort will be made to provide a substitute class. Two or more unexplained absences indicate a vacant spot. Please text, call or leave an e-mail message if your child will be absent. Text or call 978-764-2758.

Simply Social Kids Schedule for School Year 2015-2016

Cost is per 4 week month unless otherwise noted

Day	Groups	Coach	Cost	Program/Dates
Monday	5:30 – 6:30 Ages 12+ Girls	Norah	\$150	Weekly Social Group Sept. 14, 2015 – June 13, 2016
	6:45 – 7:45 Ages 12+ Boys	Norah	\$150	
Tuesday	4:15 – 5:15 Ages 8-11 Girls	Nadine	\$150	Weekly Social Group September 8, 2015 – June 7, 2016
	5:30 - 6:30 Ages 10-12 Girls	Nadine	\$150	
	6:45 – 7:45 Ages 12-17 Mixed	Nadine	\$150	
	10:00 – 11:30 New Homeschool Group Ages 6-11 Mixed	Jesse	\$225	Weekly 90 Minute Group January 5, 2016 – June 7, 2016
Wednesday	4:15 – 5:15 Ages 5-7 Mixed	Nadine	\$150	Weekly Social Group September 9, 2015 – June 8, 2016
	6:45 – 7:45 Ages 11-13 Mixed	Nadine	\$150	
Thursday	4:15 – 5:15 Ages 5-7 Mixed	Nadine	\$150	Weekly Social Group September 10, 2015 – June 9, 2016
	5:30 – 6:30 Ages 8-11 Mixed	Nadine	\$150	
Saturday	10:00 - 11:00 Ages 5-7 Mixed	Norah	\$150	Weekly Social Group Sept. 12, 2015 – June 11, 2016
	11:15 - 12:15 Ages 8-11 Mixed	Norah	\$150	
	12:30 – 1:30 Ages 8-11 Mixed	Norah	\$150	
	2:30 – 4:30 Coping Club Ages 10+	Norah	\$380	See flyer for 2016 dates
	2:30 – 4:30 Personal Power 10+	Norah	\$380	

October 12: Closed Columbus Day
November 25-28: Closed Thanksgiving
December 24-January 1: Closed Holiday Break
February 15-19: Closed Winter Break

April 18-22: Closed Spring Break
May 28-30: Closed Memorial Day
June 11: Last Day of Group

Registration process includes a phone interview with Director, Nadine Briggs:
978-764-2758
nbriggs@simplysocialkids.com

Mail completed registration form and \$285 for registration fee and first month:
Nadine Briggs, Director
Simply Social Skills, LLC
One Industrial Way, Unit 4, Tyngsboro, MA 01879

Registration Information



Child's Name: _____ Age: _____ Child's DOB: _____ M or F

Requested Group Day/Time: _____ Expected Start Date _____

Address: _____ City, ST, Zip: _____

Telephone: _____ Siblings (name/age) _____

Parent Name: _____
Parent Cell: _____
Parent E-Mail: _____
(At least one parent's e-mail is required)

Parent Name: _____
Parent Cell: _____
Parent E-Mail: _____

Disability Diagnosis: _____ (optional) School _____

Does your child receive special education services (IEP/504)? Yes ___ No ___

What social skill issues are your primary concerns? _____

How did you learn about us? _____

Please answer the following questions to ensure the safety of your child (any answers of yes or sometimes must be discussed with program facilitator):

My child has food-related allergies or special diet yes no specify _____

My child has medical issues that may affect his/her safety (such as diabetes, seizure disorder, etc.) yes no specify _____

Emergency Contacts:

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Parent Agreements



Participation Requirements

Please check each box to indicate that you understand and comply with the participation requirements for

(Child's Name) _____:

- My child does not require one-on-one adult attention for safety or participation in a group of 8-10 participants
- My child does not have a current history of physical aggression toward others or having to be restrained for aggressive or bolting behaviors
- My child is fluent in their use of language and refrains from using profanity
- My child is interested in socializing with others
- My child is able to independently take care of restroom needs
- My child does not have any history of mental health issues or psychosis as we are not mental health providers
- I understand that if the program is not a good fit for my child due to the any of the reasons above, a refund will not be given
- I understand no refunds are given for missed groups

Parent/Guardian Signature _____ Date _____

Participation requirements are for the safety of the children. Simply Social Kids staff are not trained to address issues of physical aggression toward others. We are not mental health professionals as we are social skills coaches. Contact us if you're uncertain about the participation requirements to discuss your situation.

Photo Use Authorization (optional)

Yes, I **grant** permission for Simply Social Skills, LLC to photograph _____ and for those photos to be published on social media (ex. Facebook) and other marketing vehicles such as brochures, postcards and web sites.

No, I **DO NOT** grant permission for Simply Social Skills, LLC to photograph _____ and for those photos to be published on social media (ex. Facebook) and other marketing vehicles such as brochures, postcards and web sites.

Parent/Guardian Signature _____ Date _____

Pick Up Permission (Photo IDs will be required)

The following people have permission to pick up my child from group (include spouse):

Name _____ Name _____

Name _____ Name _____

Parent/Guardian Signature _____ Date _____

Drop Off & Pick Up: Parents are asked to stay in the parent waiting area for the first session as we become acquainted with your child. Parents may drop off for subsequent sessions but should stay within 15 minutes of the center. To hear a summary of the group, plan to return 10 prior to pick up to hear the facilitator overview. If you need a more in-depth conversation, contact us to schedule an appointment.

Missed Sessions: Make-up groups will be available for missed sessions. **We are unable to provide refunds for missed groups.**

I understand and agree to participation requirements, drop off & pick up, attendance, closings, missed sessions, group formation and payment polices. In case of injury, I do hereby waive all claims or legal actions, financial, or otherwise against Simply Social Skills, LLC, Nadine Briggs or any contractor, employee or volunteer connected with the program. In absence of a signature, registration and participation in the program shall constitute acceptance of the conditions set forth in the release. I understand that refunds will not be given for missed classes.

Parent/Guardian Signature _____ Date _____



Payment Information

Tuition is \$150 per four week month. As not all months will have 4 groups, the chart below lists the tuition due each month by day.

10:00 – 11:30	January	February	March	April	May/June (6 weeks)
Tuesday	\$225	\$168.74	\$281.25	\$168.74	\$337.50

Payment Policy: \$60 Registration fee required to confirm registration for all new participants. First monthly payment is due on or before the first day of your child's group. All future monthly payments are due on the first session of the month.

Group commitment is month-to-month. To discontinue groups, we must be notified by the 20th of the month to avoid charges for the following month.

Monthly payment options:

- In person via cash/check/credit card no later than the first session of each month
- Via PayPal (nbriggs@simplysocialkids.com) no later than the first session of each month
- Automatic deduction from a credit card/bank account on the 8th of each month.

All families are required to submit bank account or credit card information to SSK. Regardless of the payment method selected, in the event that payment has not been received by the 15th of any month, SSK will automatically deduct the month's tuition from the credit card/bank account provided.

Simply Social Kids and its staff commit to guarding and securely storing your financial information.

To update your card/account information at any time throughout the year, or with any payment questions or concerns, contact our Office Manager, Christie Cleaver, at ccleave@simplysocialkids.com or 978-888-7874.

Sibling Discount: Families with two or more siblings enrolled in groups receive a 10% Sibling Discount. New families only pay one registration fee.

Coping Club and Personal Power Club payment due in full at time of registration.

Payment Authorization Form

Child's Name: _____

We will make monthly payments:

- In person via cash/check/credit card no later than the first session of each month
- Via PayPal (nbriggs@simplysocialkids.com) no later than the first session of each month
- Please deduct amount due automatically from the credit card/bank account listed below on the 8th of each month.

Payment Information:

Tuition is \$225 per four week month. As not all months will have 4 groups, the chart below lists the tuition due each month by day.

10:00 – 11:30	January	February	March	April	May/June (6 weeks)
Tuesday	\$225	\$168.74	\$281.25	\$168.74	\$337.50

All families are required to submit bank account or credit card information. Please see Payment Information Sheet for all related details.

Please complete one of the following statements:

Automatic Payment Option - I _____ authorize Simply Social Kids to charge my credit card or bank account indicated below for the amount indicated in the chart above on the 8th of each month for payment of my child's SSK tuition.

Back-up Payment Information - I _____ authorize Simply Social Kids to charge my credit card or bank account indicated below for the amount indicated in the chart above on the 15th of any month in which I haven't already made payment of my child's SSK tuition .

Please supply either bank account or credit card information:

	Billing Address _____
Credit Card	Card Number _____
Name on Card _____	Expiration Date _____ (MMYY)
SIGNATURE _____	DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Simply Social Kids in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Simply Social Kids may at its discretion attempt to process the charge again within 30 days, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.