



Dear Parent/Guardian,

Thank you for the interest in attending Play Pals, social skills groups for children. Please complete all the forms in the application packet to start the application process. To provide the most positive learning experience for everyone we will group children according to skill level and particular needs. Groups are limited to 3 children with special needs in each group. Your completion of the application lets us know of your interest in the program. We will do our best to accommodate each child, but will confirm your acceptance once the groups have been formed.

Once we receive your application, we will contact you to move forward with either a consultation or introductory meeting. We look forward to working with you and your child.

If you have any questions or concerns, please contact us at: [fireflyplaypals@gmail.com](mailto:fireflyplaypals@gmail.com). You can also call us at: 415-533-0324 or 650-296-9415.

Regards,

The Play Pals Team

Firefly Center: Therapy Services for Children

# Play Pals

## Applicant information

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Caregiver Cell Phone: \_\_\_\_\_

Medical Diagnosis (if any): \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

School Name & District: \_\_\_\_\_

Classroom Type: (general education, special ed etc) \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Support services (OT? PT? SLP?) \_\_\_\_\_

Additional Therapies (if any): \_\_\_\_\_

\_\_\_\_\_

# *Play Pals*

1) Describe your child's ability to complete a task.

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2) Describe your child's sensory development (sensitivities to food, touch, smell, hearing, seeking input? etc.)

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3) Describe your child's language development.

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4) Does your child have any rigid or obsessive compulsive behaviors? (Be specific)

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5) Does your child have any intense interests?

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6) How does your child deal with changes or transitions? (Be specific)

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7) Describe any behavioral concerns (be specific). How do you respond to these behaviors?  
How does your child respond? Does your child become physically aggressive?

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8) Describe your child's play/leisure activities (not any rigid or special interest areas)

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9) Can your child engage in a reciprocal conversation with a peer?

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10) List some of your child's likes

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11) List some of your child's dislikes

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12) What are your primary concerns for your child in the area of social skills?

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13) Please add any specific problems that your child is having in the area of social skills.

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14) What are some things that you enjoy about your child?

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15) Anything else you'd like us to know?

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# Play Pals

## PHOTO PERMISSION

We'd like your permission to photograph and/or videotape your child during his/her social skills group sessions. We would use this documentation for the following purposes only:

1. To contribute to projects during group sessions
2. As a teaching tool for your child's group (i.e. video replay and review to identify social skill usage in real time situations)
3. For educational purposes related to social skills for children
4. For use as an online to share resources related to social skills for children

Please check one:

\_\_\_\_\_ YES, I give permission for my child, \_\_\_\_\_ (child's name) to be photographed and/or filmed during his/her participation in Play Pals and for this information to be used for educational purposes.

\_\_\_\_\_ YES, I give permission for my child, \_\_\_\_\_ (child's name) to be photographed and/or filmed during his/her participation in Play Pals AND FOR THIS INFORMATION TO BE UPLOADED TO THE FIREFLY CENTER WEBSITE for educational and resource purposes.

\_\_\_\_\_ NO, I do not give permission for my child to be photographed and/or filmed during his/her participation in Play Pals.

\_\_\_\_\_  
Parent/Guardian Printed Name and Signature

\_\_\_\_\_  
Date

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## PERMISSION TO RELEASE PERSONAL INFORMATION TO OTHER PARENTS

If you are interested in having play dates, contact info will be sent home after the first class.

\_\_\_\_\_ YES, I would like other parents in Play Pals to have our phone number and email.

\_\_\_\_\_ NO, I would like other parents in Play Pals to have our phone number and email.

\_\_\_\_\_  
Parent/Guardian Printed Name and Signature

\_\_\_\_\_  
Date