

# Bridging the Gap Autism Consultation and Therapy Services BTG's "Play with a Purpose" Social Group Enrollment Form



Welcome to BTG's Play with a Purpose Social Group! Please complete the form below to reserve a spot in our weekly social group. Once submitted, we will follow up with confirmation and payment/funding instructions.

## Child's Information

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

How does your child do in a group setting? Do they require 1:1 support?

\_\_\_\_\_

Any helpful information or support needs you would like to share about your child (sensory, behavioral, physical):

\_\_\_\_\_

Does your child have any allergies or medical conditions we should be aware of? (e.g., food, pets): \_\_\_\_\_

## Parent/Guardian Information

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

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

Phone Number: \_\_\_\_\_

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

## Emergency Information

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

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

## Group Preference

### Preferred Group Time:

Littles (Ages 4–6): 12:00–1:00 PM

Elementary (Ages 7–12): 3:00–4:00 PM

Teens (Ages 13–17): 4:00–5:00 PM

Teens (Ages 13–17): 5:00–6:00 PM

Are you flexible with group timing? Yes  No



## Payment Method

### Cost per Session: \$75

Yes, I'd like to secure my spot now. By checking the box below, I acknowledge that I am responsible for the session cost unless otherwise covered by approved Alta California Regional Center (ACRC) funding. Please send me a secure payment link to authorize my registration using the credit card information provided below.

Payment Options:

Credit Card (Visa, MasterCard, AmEx, Discover)

Venmo

### Credit Card Information (Required for billing):

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature for Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

### Alta Regional Information

I am an Alta California Regional Center (ACRC) client

Will you be requesting funding through Alta California Regional Center (ACRC)? Yes  No

If yes, please provide your Service Coordinator's name and phone number (if known):

\_\_\_\_\_

### Release of Liability and Consent

I acknowledge that I am voluntarily enrolling my child in BTG's Play with a Purpose – Social Group. I understand that while reasonable precautions will be taken, participation in group activities may involve inherent risks. I release and hold harmless Bridging the Gap Autism Consultation and Therapy Services, its staff, and affiliated agents from any liability or claims for injury, loss, or damages arising from participation in this program.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_