



Health Care, Inc.

Friday Knights II Recreation and Family Support Program for Individuals with Autism Spectrum Disorders

Participants: Children (Middle School, High School, Young Adult)

Time: 6:00 to 8:00 p.m. Fridays

Location: SOS Health Care- Sertoma Building
704 21st Avenue, Myrtle Beach, SC 29577

Dates: 1st and 3rd Fridays of each month, beginning 9/2/16.

Program Description

- ♦ The Recreation Program is a structured and supportive recreational environment for middle and high schoolers, as well as young adults who need opportunities for practical and functional social interactions and relationships through
 1. Direct teaching
 2. In the moment teaching
 3. Community outings focused on social skill building
- ♦ Counselors, 1:1 support, and additional staff (including volunteers) are available throughout the evening to support and facilitate activities and social interactions
- ♦ Contact Shannon Peterson at FridayKnights@sos-healthcare.com for further information regarding the Friday Knights II Recreation Program, or to request an application.



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Friday Knights II Recreation Program Application Middle School, High School, Young Adult

SOS Healthcare
704 21st Ave N.
Myrtle Beach, SC 29577
Phone: (843) 449-0554 Fax: (843) 497-4861
FridayKnights@sos-healthcare.com

Please complete the following application form. **You need to receive confirmation of acceptance before attending if you are new to the program.** Thank you!

Child's Name: _____ **Today's date:** _____

Age: _____ **D.O.B.** _____ **Grade in School:** _____

School and program your child currently attends: _____

Describe your child's educational program including any supports and services received:

Does he or she receive paraprofessional/ABA support at school? _____

Would he or she need 1:1 support in this program? _____

Guardian/Parent Information:

Mother: _____

Father: _____

Address: _____

Address: _____

City: _____

City: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

Email contacts: _____

Email contacts: _____

Medical Diagnosis or Disability Category: _____

Medical Alerts or Concerns Including Medications, Activity Restrictions, Food Allergies, Medication Allergies, Insect Sting Allergies or other concerns: _____

In the event of an emergency contact _____ **Phone** _____

Permission for staff to administer first aid (Circle): YES NO PLEASE CALL FIRST

ADDITIONAL INFORMATION:

Do you have a child (Middle, High School, Young Adult) who would like to enroll as a sibling/peer?: YES NO

- *If "Yes", please fill out peer application*

1. Identify specific social skills or challenges in regulating emotions or behaviors that you believe are most important for your child to develop.
2. Describe briefly how your child communicates, particularly if he or she has delays or difficulties in spoken language.
3. What are your child's strengths?
4. What are your child's favorite activities, special interests, talents or hobbies?
5. Are there any behaviors, sensitivities or triggers that the group facilitators need to know about in order to create a successful experience for your child?
6. Will your child need special accommodations or clear limitations when structuring sessions? If so, provide suggestions for addressing these behaviors.
7. Is your child able to participate in a group activity for a half hour without breaks?
8. What is the group size your child is accustomed to working in successfully?
- 9.
10. Provide any information that will assist the group facilitator in structuring the sessions for the child's greatest success (e.g., visual schedules, short breaks every 15 minutes, behavior management suggestions).
11. Do you have additional comments or questions?

Signature: _____

Date: _____



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Post Office Box 7136
Myrtle Beach, SC 29572
(843) 449-0554

www.sos-healthcare.com

MODEL RELEASE

I hereby give permission to SOS Healthcare, Inc. to use my name and photographic likeness in all forms of media for advertising, trade and any other lawful purposes. I am doing so without compensation of any sort.

Participant's Name: _____

Signature: _____ Date: _____

If model is under 18; I, _____, am the parent/legal guardian of the individual named above. I have read this release and agree to its terms.

Parent Signature: _____ Date: _____