

Novice Player Child Application



Contact Information

Date of Application	
Child's Name	
Child's Date of Birth	
Gender of Child	
Current Grade Level	
Name of Current School and School District	
Child's Disability if any	
Parent's Names	
Street Address	
City STATE, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability for Participation in a Play/Social Group

Please select as many as apply:

Weekday mornings	Weekend mornings	Special Notes: _____
Weekday afternoons	Weekend afternoons	_____
Weekday evenings	Weekend evenings	_____

Play Questionnaire

Social Play: Please describe your child's highest level of social play (ways the child might behave with other peers, not adults or siblings)

- Isolate:** Child appears to be oblivious or unaware of other children
- Orientation-onlooker:** Child is watching peers but not engaged in play
- Parallel-proximity:** Child is playing with materials beside peers
- Common focus/Cooperative:** Child is playing with peers in a reciprocal way
- Common goal:** Child is collaborating with peers in an organized plan & fashion

Communication Style: Please describe your child's primary means of communication

- Verbal language at least 50 different words or phrases
- Verbal language at least 250 different words or phrases
- Symbolic system at least 100 different symbols (pointing, sign, PECS, AC Device, etc.)

Play Preferences:

- Highly diverse: Child engages in many different types of play activities, materials and themes
- Moderately diverse: Child engages in a few different types of play activities, materials and themes
- Requires their Special Affinity to Engage: Child engages in play activity only when his or her affinity is incorporated (affinity is the Child's unique interest or fascination with specific places or objects)
- Limited and restricted: Child does not engage or engages in one type of play material or activity

What are your child's Special Interests and Special Affinities?

What are your child's favorite games, activities and themes to play?

What sorts of games, activities and themes are difficult or non-preferred for your child to engage in?

Regulation (emotional or sensory): The ability to remain well regulated (ready and available for engagement and learning)

- Very Well Regulated: Child is ready and available for engagement and learning even during times of stress or excitement
- Often well regulated: Child is ready and available for engagement and learning
- Often dysregulated (sensory): Child is not ready and available to engage due to sensory processing needs but recovers with support
- Often dysregulated (emotional): Child is not ready and available to engage due to emotional needs but recovers with support

Please describe what types of sensory stimuli might cause your child to become dysregulated (e.g. noise, light, touch, smell, etc.)

Please describe what types of emotional stimuli might cause your child to become dysregulated (e.g. transitions, change of routine, losing a game, difficulty sharing, etc.)

Please describe how your child expresses his or her dysregulation (cries, screams, hits, kicks, shuts down, withdraws, runs away)

Please provide any additional information that would help us best support your child in their peer play!

Medical Conditions

Please list any Medical Conditions and Medications that your child is currently treated by:

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Allergies and Food Preferences

Please list any and all environmental and food allergies. Also please list any highly preferred foods/drinks and non-preferred foods/drinks.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Our Directors will contact you as soon as a Viable Group has availability and we can match your individual needs accordingly.

This may take some time to find the best fit and groups are currently formed on an ongoing basis. If you would like referrals to other social opportunities while you are on this wait list, please let us know and we are happy to provide them to you! 😊

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my child is matched to an appropriate play/social skills group, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal from that group session.

In addition, snacks are typically provided in many groups during a break time. You will have the option to send in your own snack if you prefer, or if your child has dietary restrictions.

In addition, video apps and photos are sometimes used in older groups for fun and dramatic play! If this occurs, you will receive notice in advance and your consent will be requested at that time.

Parent Name (printed)	
Signature	
Date	

Please scan and email this form to: mfyfe@ourvillageslc.org or mail it to:

1444 Aviation Blvd., Suite #102, Redondo Beach, CA 90278

*Thank you for completing this application form and for your interest in our programs at
OUR VILLAGE, Social Learning Community, a 501 (c)(3) non-profit agency!*

Visit us for more information at: www.ourvillageslc.org