



Building Blocks  
Pediatrics, LLC

*Therapy at its Best!*

East Cobb Location

1230 Johnson Ferry Place, Suite G-10, Marietta, GA 30068

Buckhead Location

165 West Wieuca Road, Suite 102, Atlanta, GA 30342

PHONE 770.321.6705 • FAX 404.551.3891

[BuildingBlocksPediatric.com](http://BuildingBlocksPediatric.com)

Building Blocks Pediatrics, LLC Social Skills Class Registration Form  
Effective September 2011

## Social Skills Class Registration Form

*Ages 3-5 - Tuesday 3:00 - 4:00 pm*

*Ages 6 and up - Tuesday 4:30 - 5:30 pm*

**Cost \$55 / Class**

**\$55 Registration Fee due to reserve your child's slot. This will be credited toward your child's 1st Session. Payment for additional classes will be due within 7 days of receipt of invoice.**

**Mail Registration and Consent Form, along with \$55 Registration Fee to**

**Building Blocks Pediatrics, LLC  
1230 Johnson Ferry Place, Suite G-10  
Marietta, GA 30068**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

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

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

School/Preschool: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

What difficulties is your child having? \_\_\_\_\_

What goals do you have for your child during this class? \_\_\_\_\_



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## Consent for Class Participation

I \_\_\_\_\_, legal guardian of \_\_\_\_\_ do hereby give consent for my child (named above) to participate in Building Blocks Pediatrics, LLC's programs. I agree to release, hold harmless and waive all claims and causes of action that may hereafter accrue to me against Building Blocks Pediatrics, LLC, and any of their officers, directors, employees, agents, independent contractors, representatives, or volunteers associated with any injury that may be caused as a result of any action other than the sole negligence of Building Blocks Pediatrics, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers. I further agree to indemnify and hold harmless Building Blocks Pediatrics, LLC, and any of their officers, directors, employees, agents, representatives, or volunteers, from any action or inaction of my child that may cause any injury or damage whatsoever. I hereby give full permission for my child to participate in all activities and agree to notify group leaders of any precautionary measures that should be noted or taken during group classes/camps.

I agree to pay the total class fees accrued. I also agree to pay any additional fees that may result from a returned or invalid check, collection fees, etc. I agree to pay 10% late fees on any invoices due over 30 days, and understand that I will pay an additional 30% collection fee for any outstanding balances 90 days delinquent. I understand that I may forfeit any moneys paid, if my child does not attend his/her sessions.

I agree that I will be present to pick my child up at least 5 minutes prior to class ending.

I recognize that these classes are community-based, and fully understand that my child will not be receiving traditional therapy services, even if the class leader is a therapist. I understand that these classes should not replace any traditional therapy that my child receives.

In the event of any injury to my child, I hereby grant full power of attorney to Building Blocks Pediatrics, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers to obtain any emergency medical treatment they (in their sole discretion) deem necessary in the best interest of my child.

***Please list any precautions, allergies or special notes regarding your child below:***

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

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

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

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
**Child's Name (print)**

\_\_\_\_\_  
**Legal Parent/Guardian (print)**

\_\_\_\_\_  
**Legal Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*\*Consent Valid for 12 months from date of signature*