



Friday Knights II

Older Group: Children (Middle school, high school, and young adult)

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

Location: SOS Health Care- Sertoma Building, 704 21st Ave. N. in Myrtle Beach

Dates: 2nd and 4th Fridays of every month

Program Description

- ♦ FK II is a structured and supportive recreational environment for children and adolescents who need opportunities for social interaction through a variety of activities
- ♦ Children are split into groups according to age, and rotate through activities throughout the night to include art, science, movement, games, and Wii, among others!
- ♦ Parents are encouraged to take the 2 hours to mingle with each other, get some grocery shopping done, or relax over dinner
- ♦ 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.



Friday Knights II Application Older Group

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 over the age of 4 who you would like to enroll as a sibling/peer?: YES NO

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. 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).

10. Do you have additional comments or questions?

Signature: _____

Date: _____



PO 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: _____



FRIDAY KNIGHTS II BEHAVIOR POLICY

The staff of SOS Health Care respects the dignity of the child in all their dealings with them. The children are expected to respect each other, just as the staff respects them. Positive reinforcement is the best approach to motivate a child to exhibit appropriate behavior. Behavioral incidents will be dealt with judiciously. We always want to make sure that the safety of the children is our number one priority. In the event that a child becomes a danger to other children or his/herself, the child may be removed from the group and encouraged to go to an alternate safe spot. In either case, we will call the parent/guardian to pick up the child immediately, and he/she will no longer be allowed to attend the Friday Knights II program. SOS Health Care reserves the right to remove any child from the program if the safety of others continues to be at risk. After six months, the possibility of reentry to the program can be assessed and is at the discretion of SOS staff.

Print Child's Name: _____

Parent Signature: _____ **Date:** _____



FRIDAY KNIGHTS II TUITION POLICY

Tuition for Friday Knights is due ONLINE by the 25th of each month for the following month's sessions. **Failure to make payment by this day will result in the cancelation of services.**

All payments must be made via this link: <https://soshealthcare.salsalabs.org/fk>

Please sign and date below that you acknowledge and accept our tuition policy.

Print Name: _____

Signature: _____ **Date:** _____