

# Alvord, Baker & Associates, LLC

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## Resilience Builder Program™ 2010 Fall Group Registration

Child's Name: \_\_\_\_\_

Child's grade as of Fall 2010 \_\_\_\_\_ Child's School \_\_\_\_\_ Date of Birth \_\_\_\_\_

1<sup>st</sup> Choice: Group (grade): \_\_\_\_\_ Day/Time: \_\_\_\_\_ Leader: \_\_\_\_\_

2<sup>nd</sup> Choice: Group (grade): \_\_\_\_\_ Day/Time: \_\_\_\_\_ Leader: \_\_\_\_\_

- I/we consent to allow our child to participate in group therapy at Alvord, Baker, & Associates, LLC.
- I/we also authorize taking digital photos and/or videotaping for the purpose of group discussion. I/we understand that these photos and/or videotape will be erased following termination of the group.
- I/we also understand that there is a **required** parent meeting to discuss my/our child's progress in group for which there is \$170.00 charge. I/we also understand that a maximum of two (2) absences with a 24 hour notice is not charged; all other absences will be charged according to the fee schedule (i.e. no shows with no calls will be charged the full fee for that session.)

- **I/we understand that the registration fees are non-refundable.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parents Name(s): \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**My/our signature above confirms that Alvord, Baker & Associates may use the following means of contacting you concerning your child's participation in social skills group.**

Father: Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Mother: Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

**In order for registration to be complete, this permission form must be signed above and all fees included.**

**\$85.00 Group Deposit (applied to last session)**

**\$35.00 Materials Fee**

**\$120.00 Total Due**

Office Use Only:			
TH		Check #	Amount
XL			
CONF			