

Alvord, Baker & Associates, LLC

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2010 Spring Group Registration

Child's Name: _____

Child's grade as of Fall 2009 _____ Child's School _____ Date of Birth _____

1st Choice: Group (grade): _____ Day/Time: _____ Leader: _____

2nd 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 \$160.00 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.

\$80.00 Group Deposit (applied to last session)

\$25.00 Materials Fee

\$105.00 Total Due

Office Use Only:			
TH		Check #	Amount
XL			
CONF			