

# Alvord, Baker & Associates, LLC

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## Resilience Builder Program<sup>®</sup> 2012 Spring Group Registration

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

Child's grade as of Fall 2011 \_\_\_\_\_ 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.**

*I grant permission for research assistants (who have signed confidentiality agreements) from The Catholic University of America to contact me/us pertaining to a collaborative research project with Alvord, Baker & Associates, LLC.*

Please place checkmark (✓) in box:  YES  NO

My/our signature below confirms that Alvord, Baker & Associates, LLC may use the following means of contacting me/us concerning our child's participation in group.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parents Name(1): \_\_\_\_\_

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

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

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

Parents Name(2): \_\_\_\_\_

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

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

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

**In order for registration to be complete, this permission form must be signed and non-refundable registration fee (\$120) included.**

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

**\$35.00 Materials Fee**

**\$120.00 Total Due** (non-refundable)

Office Use Only:			
TH		Check #	Amount
XL			
CONF			