

Alvord, Baker & Associates, LLC

11161 New Hampshire Avenue
Suite 307
Silver Spring, MD 20904
301-593-6554
Fax: 301-754-1034

3200 Tower Oaks Boulevard
Suite 200
Rockville, MD 20852
301-593-6554
Fax: 301-255-0461

Resilience Builder Program™
2010 Summer Group Registration

Child's Name: _____

Child's grade as of Fall 2010 _____ 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 also understand that there is a recommended parent meeting to discuss my/our child's progress in group for which there is \$170.00 charge.

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 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)

\$15.00 Materials Fee

\$100.00 Total Due

Table with 4 columns: TH, XL, CONF, Office Use Only (Payment Type/Check #, Amount)