

Alvord, Baker & Associates, LLC

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**Resilience Builder Program™
 2011 Summer Group Registration**

Child's Name: _____

Child's grade as of Fall 2011 _____ 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 an **optional** 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 one (1) absence 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.**

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

A checkmark (✓) in the box, indicates that I/we give 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.

 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 above and all fees included.

\$85.00 Group Deposit (applied to last session)

\$15.00 Materials Fee

\$100.00 Total Due

Office Use Only:			
TH		Check #	Amount
XL			
CONF			