

ALVORD, BAKER & ASSOCIATES, LLC
RESILIENCE BUILDER PROGRAM[®]
SPRING GROUP 2017 REGISTRATION FORM
 (Please Print)

GROUP MEMBER INFORMATION

| | | | |
|-------------------|--|--------------------|-----------------------|
| Child's Last Name | | Child's First Name | |
| Birth date: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | School | Grade as of Fall 2016 |

GROUP CHOICES (SELECT 2)

| Leader | Grades | Day | Time | Location |
|--------|--------|-----|------|----------|
| 1. | | | | |
| 2. | | | | |

PARENT CONSENT

*** Signature of both parents is required if parents are divorced or separated. ***

I/We consent to allow our child to participate in group therapy at Alvord, Baker & Associates, LLC. My/our initials, to the left of each of the following statements, indicates that we agree to

| Parent (1) | Parent (2) | |
|------------|------------|---|
| _____ | _____ | I/we authorize the taking digital photos and/or videotaping for the purpose of group discussion. I/we understand these photos and/or videotapes will be erased following the termination of the group. |
| _____ | _____ | I/we understand that there is a required parent meeting to discuss my/our child's progress in group for which there is a \$195.00 charge. I/we also understand that a maximum of two (2) absences with 24-hour notice will be forgiven (not charged). All other absences will be charged (i.e. no shows, with no calls, will be charged the full fee for the missed session). |
| _____ | _____ | I/we understand the registration fees are non-refundable. Registration is for the entire semester and if, for some reason, my/our child withdraws from group, I/we will be obligated to make payment for all sessions, attended or not through the end of the semester. |
| _____ | _____ | Group sessions are to be paid monthly when using a credit card and payable at the beginning of each month for all sessions scheduled that month. When paying by check or cash, payments can be made per session. |

I/we 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 by phone or email. Please note families are only eligible for the research during the first and second semesters of participation in the Resilience Builder Program[®]. If your child has already participated in the research project during their first second semesters, please check "No".

Yes No

My/our signature(s) below confirms that I/we understand the policies associated with Alvord, Baker & Associates, LLC Resilience Builder Program[®]. I/we also agree that the following information is provided in order to contact me/us concerning our child's participation in group.

| | |
|-----------------------|------|
| Parent signature (1): | Date |
| Parent signature (2): | Date |

PARENT INFORMATION

| | | | |
|--|--------|-------|--------|
| Parent (1) First and Last Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Home Phone: | Cell: | Work: | Email: |
| Parent (2) First and Last Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Home Phone: | Cell: | Work: | Email: |

In order for your registration to be complete, it must be signed and accompanied by the non-refundable deposit in the amount of \$130.00, of which \$95 will be applied to the last group session:

- \$ 95.00 Group deposit applied to last session
- \$ 35.00 Materials fee
- \$130.00 Total Due (no-refundable)

| Office Use Only | | |
|-----------------|-------------------|--------|
| | Method of Payment | Amount |
| TH | | |
| XL | | |