

**RESILIENCE BUILDER PROGRAM®
SPRING GROUP 2018 REGISTRATION FORM**

(Please Print)

3200 Tower Oaks Blvd.
Suite 200
Rockville, MD 20852
p. 301-593-6554 f. 301-255-0461

8401 Connecticut Ave.
Suite 1120
Chevy Chase, MD 20815
p. 301-593-6554 f. 301-754-1034

GROUP MEMBER INFORMATION

Child's Last Name:		Child's First Name	
Birth date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self-Identity _____	School	Grade as of Fall 2017

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 \$200.00 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 semester of participation in the Resilience Builder Program®. If your child has already participated in the research project previously, please check "No". If your child has only participated in one of our summer semesters, he/she is still eligible to participate.

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 \$135.00, of which \$100.00 will be applied to the last group session:

\$100.00 Group deposit applied to last session
\$ 35.00 Materials fee
\$135.00 Total Due (no-refundable)

Office Use Only		
	Method of Payment	Amount
TH		
XL		