

ALVORD, BAKER & ASSOCIATES, LLC
TEEN PERFECTIONISM GROUP
REGISTRATION FORM

(Please Print)

GROUP MEMBER INFORMATION

| | | | |
|-------------------|---------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| Member Last Name: | | Member First Name | |
| Birth date: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self-Identity _____ | School | Grade as of Fall 2018 |

12 WEEKLY GROUP SESSIONS ON MONDAYS, 5:30-6:30PM
 LOCATION: CHEVY CHASE, MD OFFICE

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 understand the registration fees are non-refundable. Registration is for the entire semester and if, for some reason, my/our teen 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 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). |
| _____ | _____ | For anyone new to our program, an intake is required before participating in our groups (\$293.00). |

My/our signature(s) below confirms that I/we understand the policies associated with Alvord, Baker & Associates, LLC. 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 | | | |