

**COOL, COURAGEOUS AND CONFIDENT GROUPS  
INTENSIVE HALF DAY REGISTRATION FORM**

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 20015  
p. 301-593-6554 f. 301-754-1034

(Please Print)

**GROUP MEMBER INFORMATION**

|  |   |                    |                       |
|--|---|--------------------|-----------------------|
| Child' Last Name:                      |   | Child's First Name |                       |
| Birth date:                            | Gender:<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self-Identity _____ | School             | Grade as of Fall 2018 |
| Intensive 4-hour Session (Date: _____) |   |                    |                       |

**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:

|            |            |  |
|------------|------------|--|
| Parent (1) | Parent (2) |  |
| _____      | _____      | I/we authorize the taking digital photos and/or videotaping during group. I understand that these materials may be used for training purposes and for the provision of feedback to you, the parent, regarding your child's progress. I understand that this media will be seen only by students, clinicians, instructors, and/or parents as described above.                           |
| _____      | _____      | I/we understand the registration fees are non-refundable. Registration fee is \$120 to hold your spot.   |
| _____      | _____      | Intensive sessions are to be paid in full prior to participation using a credit card and payable at the beginning of each month for all sessions scheduled that month. Intensive Sessions are \$400 for the 4 hour session. (\$100 of deposit will be applied)   |
| _____      | _____      | For anyone new to our program, an intake is required before participating in our groups (\$293.00). Your child must meet the following requirement prior to participating in the group: speaking to group leader. Individual therapy sessions may be needed to meet this requirement prior to joining a group. The cost of additional therapy sessions is \$205 per 45-minute session. |

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**

|  |       |        |        |
|--|-------|--------|--------|
| <b>Parent (1) First and Last Name:</b> |       |        |        |
| Address:                               |       |        |        |
| City:                                  |       | State: | Zip:   |
| Home Phone:                            | Cell: | Work:  | Email: |
| <b>Parent (2) First and Last Name:</b> |       |        |        |
| 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 \$120.00, of which \$100.00 will be applied to the balance:

\$100.00 amount applied to balance  
\$ 20.00 materials fee  
\$120.00 Total Due (non-refundable)

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