

ALVORD, BAKER & ASSOCIATES, LLC  
**CBT ANXIETY GROUP FOR TEENS**

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

**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 2019

**12 WEEKLY GROUP SESSIONS ON TUESDAYS, 6:30-7:45PM**  
**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 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 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 fee of \$160.00 is 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.
_____	_____	Groups 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. The cost of each session is \$130.00.
_____	_____	For anyone new to our program, an intake is required before participating in our groups (\$300.00).

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**

<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 \$160.00 of which \$130.00 will be applied to the last group session.

\$130.00 Group deposit applied to last session  
 \$ 30.00 Materials fee  
 \$160.00 Total Due (non-refundable)

Office Use Only			
		Method of Payment	Amount
TH			
XL			