ALVORD, BAKER & ASSOCIATES, LLC

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Suite 1120
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COOL, COURAGEOUS AND CONFIDENT GROUPS
WINTER GROUP 2019 REGISTRATION FORM

(Please Print)

GROUP MEMBER INFORMATION

Child' Last Name:	Child's First Name		
Birth date:	Gender: ☐ M ☐ F ☐ Self-Identity _____	School	Grade as of Fall 2018

Adolescent Group 5:45pm-6:45pm on Mondays, starting on January 28th (8 week session)

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 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.
_____	_____	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

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 $120.00, of which $100.00 will be applied to the last group session:

$100.00 Group deposit applied to last session
$ 20.00 Materials fee
$120.00 Total Due (no-refundable)

Office Use Only			
		Method of Payment	Amount
TH			
XL			