

ALVORD, BAKER & ASSOCIATES, LLC  
**RESILIENCE BUILDER PROGRAM®**  
**SUMMER GROUP 2020 REGISTRATION FORM**  
 (Please Print)

**GROUP MEMBER INFORMATION**

Child's Last Name:		Child's First Name	
Gender:	Birth Date:	School as of School Year 2019-2020	Grade as of School Year 2019-2020
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self-Identity _____			

**GROUP CHOICES (SELECT 2)**

Leader	Boys/Girls/Co-Ed	Grades	Day	Time
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 (ABA). My/our initials, to the left of each of the following statements, indicates that we agree to

Parent (1)    Parent (2))

		I/we agree and understand that, as part of group, children will participate via telehealth using Zoom, a HIPAA-secure video platform. All participants or their parent(s)/guardian(s) must sign the ABA <i>Telehealth Via Videoconferencing Agreement</i> .
		I/we agree and understand that there is an optional parent meeting to discuss my/our child's progress in group for which there is a \$210.00 charge. I/we also agree and understand that a maximum of one (1) group session absence with 24-hour notice will be forgiven (not charged). All other absences will be charged (including no shows, without notice) at the full fee of the missed session.
		I/we agree and understand that the registration fee is only refundable up to 7 days prior to the group start date. Registration is for the entire summer semester and if, for some reason, my/our child withdraws from group, I/we will be obligated to pay for 2 weeks of session, attended or not.
		I/we agree and understand that group sessions are to be paid initially for the first 2 weeks and then weekly thereafter. When paying by check, payments must be mailed prior to the next session. When paying by credit card, we request an ABA <i>Permission To Use Credit Card Form</i> be completed so that payments can be charged following each group session.

**My/our signature(s) below confirms that I/we understand the policies associated with the 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**

<b>Parent (1) First and Last Name:</b>			
Address:			
City:		State:	Zip:
Home Phone:	Cell:	Work Phone:	Email:
<b>Parent (2) First and Last Name:</b>			
Address:			
City:		State:	Zip:
Home Phone:	Cell:	Work Phone:	Email:

In order for your registration to be complete, it must be signed and accompanied by the non-refundable deposit in the amount of \$115.00, of which \$10.00 will be applied to materials. The balance will be applied to last week of group session(s).  
 \$105.00 group session(s)  
 \$ 10.00 Materials fee  
 \$115.00 Total Due

Office Use Only			
	Method Payment	Amount	Forms Rec'd
TH			Telehealth
XL			CC Form