

RESILIENCE BUILDER PROGRAM®
SUMMER GROUP 2021 REGISTRATION FORM
 (Please Print)

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

GROUP MEMBER INFORMATION

Child's Last Name:		Child's First Name	
Gender:	Birth Date:	School as of School Year 2021-2022	Grade as of School Year 2021-2022
<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 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 \$216.00 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 session fee.
		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

Parent (1) First and Last Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Cell:	Work Phone:	Email:
Parent (2) First and Last Name:			
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 \$118.00, of which \$10.00 will be applied to materials. The balance will be applied to last week of group session(s). \$108.00 group session(s) \$ 10.00 Materials fee \$118.00 Total Due

Office Use Only			
	Amount Rec'd	Forms Rec'd	
TH	\$	Registration	
XL	Check	Credit Card	
	CC	Telehealth	