

**RESILIENCE BUILDER PROGRAM®**  
**FALL GROUP 2022 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 2022-2023	Grade as of School Year 2022-2023
<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	Location
1.					
2.					

**PARENT CONSENT \*Signature of both parents is required.\***

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 may participate via telehealth using Zoom, a HIPAA-secure video platform. All parent(s)/guardian(s) must sign the ABA Telehealth Via Videoconferencing Agreement. I/we understand that Alvord, Baker reserves the right to shift to virtual setting if recommended by CDC or based on numbers/exposure at any given time during the semester. For those participating in hybrid settings or in-person, a Covid-19 Consent Form must also be signed.
_____	_____	I/we agree and understand that there is a required parent meeting to discuss my/our child's progress in group for which there is a \$230.00 charge. I/we also agree and understand that a maximum of two (2) group session absences 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 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 pay for 4 weeks of sessions following their withdrawal.
_____	_____	I/we agree and understand that group sessions are to be paid monthly at the beginning of each month. 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 processed as required.

**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 \$140.00, of which \$25.00 will be applied to materials. The balance will be applied to last week of group session(s).  
 \$115.00 group session(s)  
 \$ 25.00 Materials fee  
 \$140.00 Total Due

Office Use Only			
		Amount Rec'd	Forms Rec'd
TH		\$	Registration
XL		Check	Credit Card
		CC	Telehealth
			Covid-19 Consent