

**RESILIENCE BUILDER PROGRAM®**  
**SUMMER GROUP 2023 REGISTRATION FORM**  
 (Please Print)

3200 Tower Oaks Blvd.  
 Suite 200  
 Rockville, MD 20852  
 p. 301-593-6554 f. 301-255-0461

**GROUP MEMBER INFORMATION**

|  |             |                                    |                                   |
|--|-------------|------------------------------------|-----------------------------------|
| Child's Last Name:   |             | Child's First Name                 |                                   |
| Gender:  | Birth Date: | School as of School Year 2023-2024 | Grade as of School Year 2023-2024 |
| <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self-Identity _____ |             |                                    |                                   |

**GROUP CHOICES (SELECT 1 OR 2)**

| Leader | Boys/Girls/Co-Ed | Grades | Day | Time |
|--------|------------------|--------|-----|------|
| 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 <i>Telehealth Via Videoconferencing Agreement</i> . 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 <i>Covid-19 Consent Form</i> must also be signed. |
| _____ | _____ | 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 <b>\$237.00</b> 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 non-refundable. Registration is for the <b>entire summer semester</b> and if, for some reason, my/our child withdraws from group, I/we will be obligated to pay for 2 weeks of sessions following withdrawal.  |
| _____ | _____ | I/we agree and understand that group sessions are to be paid initially for the first 4 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 **\$133.00**, of which **\$15.00** will be applied to materials. The balance will be applied to last group session.

\$118.00 group session  
\$ 15.00 Materials fee  
\$133.00 Total Due

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