

**RESILIENCE BUILDER PROGRAM®**  
**FALL GROUP 2024 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 2024-2025	Grade as of School Year 2024-2025
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self-Identity _____	_____	_____	_____

**GROUP CHOICES (SELECT 2)**

Leader	Gender	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 necessary. I/we give permission for my/our child to participate in an activity to practice skills outside the office. For example, the group may meet at a bowling alley, mini-golf facility or other. Your group leader will inform you of the plan for their specific group.
_____	_____	I/we 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.
_____	_____	<b>Group Withdrawal:</b> I/we agree and understand that the registration fee is non-refundable. Withdrawals from group four weeks or more prior to the group start date will not be charged for group sessions, however, the group deposit remains non-refundable. Withdrawals from group less than four weeks prior to the group start date or after groups have started will require payment for 50% of remaining group sessions. Changes (e.g., change to a different group that has an opening on a different day) can be considered on a case-by-case basis. Payments forfeited due to withdrawal from group cannot be applied to another client or to another service.
_____	_____	I/we agree and understand that group sessions are to be paid monthly at the beginning of each month. First payment is due 1 month prior to group start date. 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 + Last Name:</b>					
Address: _____					
City: _____			State: _____		Zip: _____
Home Phone: _____		Cell: _____		Work Phone: _____	
Email: _____					
<b>Parent (2) First + 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 **\$269**, of which **\$25** will be applied to materials. The balance will be applied to the 45-minute mid-semester parent conference.

**\$244.00** parent conference  
**\$ 25.00** Materials fee  
**\$269.00** Total Due

**Office Use Only**

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