

RESILIENCE BUILDER PROGRAM®
SUMMER 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: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self-Identity _____	Birth Date: _____
School as of School Year 2024-2025 _____	Grade as of School Year 2024-2025 _____

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 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.
		Group Withdrawal: 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

Parent (1) First + Last Name: _____					
Address: _____					
City: _____			State: _____		Zip: _____
Home Phone: _____		Cell: _____		Work Phone: _____	
Email: _____					
Parent (2) First + 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 **\$188**, of which **\$25** will be applied to materials. The balance will be applied to the 45-minute mid-semester parent conference.

\$163.00 parent conference
\$ 25.00 materials fee
\$188.00 Total Due

Office Use Only

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