



Registration Form

Child's Name _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Date of Birth of Participant _____

(Beginning September 1, 2008)The price is **\$575.00** for a ten week group. **\$95.00** for individual sessions. **\$25.00** for the initial consultation.

We accept the following forms of payment: Check or Cash

Make check payment to: Social Skills Place, Inc.

We will supply a form to be submitted to your insurance company.

Please circle your first two choices of days and times and I will do my best to match the best day and time with you and your child.

Mondays: 4PM 4:30 5PM 5:30 6PM 6:30

Tuesdays: 4PM 4:30 5PM 5:30 6PM 6:30

Wednesdays: 4PM 4:30 5PM 5:30 6PM 6:30

Thursdays: 4PM 4:30 5PM 5:30 6PM 6:30