



## Registration Form

Your Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth of Participant \_\_\_\_\_

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The price is **\$595.00** for a ten week group. **\$110.00** for individual sessions. **\$40.00** for the initial consultation.

We accept the following forms of payment: Check or Cash

Make check payment to: Social Skills Place, Inc.

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

Please write the days and times that work for you and your child: