



## Registration Form

Child's Name \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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

Days your child is available for a class \_\_\_\_\_

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The price are: **\$595.00** for a ten week group. **\$110.00** for individual sessions. **\$50.00** for an 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 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**



**Phone:** 847 446-7430 /464 Central Avenue Suite #6, Northfield, IL 60093

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