



## **Registration Form**

Childrens's names and ages please \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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The price is **\$375.00** for a 6-week group.

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.*