



Social Learning Groups Registration Form School Session 2009-2010

Student Name: _____ Grade: _____ DOB _____ Age: _____

Parent (s) Name (s) _____ and _____

Daytime Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address _____

A deposit of \$150.00 for groups (3 or more students) or \$170 for dyad (students) is required for enrollment along with the registration form to either hold a space or try to develop a group for your child. The deposit will be applied towards the total fee for the first month or therapy. The remaining balance (\$75 per group session and \$85 per dyad) is due at the beginning of the month. Subsequent payments will be expected at the beginning of each month prior to therapy

The school session groups run continuously through the school year and CW requires a 1 month notice if you decide to withdraw your child after the first session. Over the school year, you are allowed 2 excused absences for which you will not be charged; beyond the two absences, missed sessions will be billed at the regular rate. Group work is dependent upon all group members attending as much as possible.

My child is **NOT** available for group on the following days or times: (X all that apply)

11:00am	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1:00pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2:00pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3:00pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4:00pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:00pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I understand and agree that Communication Works will determine if my child is appropriate for group therapy and will arrange groups according to ability, maturity and age. My child will then be placed in the most appropriate group as determined by CW. If there are no openings in an appropriate group for my child, I will have two options:

1. Place my child on a waiting list, holding a place in the group with my deposit
2. Receive a refund of my deposit, and re-enroll at a future time, not holding a place for my child

Please note that a significant amount of administrative effort goes into the organization of these groups and other clients are dependent on the commitment of the fellow group participants. Priority is given to current or returning clients. Please don't delay!

Students will be videotaped or photographed for clinical and therapeutic purposes and may be observed by an incoming therapist for training purposes.

Signature _____ Date: _____

Please make checks payable and send registration forms to:
 Communication Works
 4400 Keller Avenue #200
 Oakland, CA 94605