



Social Group Registration

Child's Name _____ Date _____
Grade _____ School _____ Date of Birth _____
Parents Names _____
Home Phone _____ Cell Phone _____
Street Address _____
City _____ State _____ Zip _____
Email Address _____

I am registering my child for the following group:

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Thinking 101* | <input type="checkbox"/> Story Time | <input type="checkbox"/> Amazing Race |
| <input type="checkbox"/> Superflex Academy* | <input type="checkbox"/> Social Adventure | <input type="checkbox"/> In The Zone |
| <input type="checkbox"/> In the Moment* | <input type="checkbox"/> Mad Science | <input type="checkbox"/> We Can Make It Better |
| <input type="checkbox"/> ST/Story Grammar Marker* | <input type="checkbox"/> Social Motor Groups | <input type="checkbox"/> Teen Group |
| <input type="checkbox"/> Social Literacy* | <input type="checkbox"/> Social Detective Agency | <input type="checkbox"/> Other _____ |

*These groups will meet October-May, Superflex Academy is for children grades 2 and above

This group will meet

- 6 weeks 8 weeks 10 weeks 11 weeks 12 weeks school year

POLICIES

PLACEMENT

We group students with peers that function similarly in cognitive, social, language and auditory processing abilities. We request copies of IEPs and/or current evaluations. If your child is new to the Center a “Meet and Greet” will allow us to learn about him/her and determine which group is appropriate.

While we invest much time in forming our groups there are times where the group dynamics may necessitate that a child not continue their participation in that group. If that occurs we will discuss the options available for your child. A pro-rated refund will be provided. We want the experience to be a positive one for all children.

If you apply to the program and we are unable to find a match for your child, we will be happy to consider your child for future groups. Your deposit will be refunded in full. Center for Communication and Learning reserves the right to cancel a group if there is insufficient registration.

ATTENDANCE

Group work is dependent upon children attending as many sessions as possible. We do realize that unforeseen conflicts may arise. You will have one excused absence for groups of ten or more sessions. You can use this one absence without being charged for missing your group time. Beyond that, missed sessions will be billed as a regular session. For children enrolled in the school year programs they will be allowed one absence per 12 weeks. If your child is not continuing in the school year group, notice in writing must be received by December 1. On the rare occasion that your child is the only one in attendance, we will conduct the session. This is a good opportunity to focus on your child’s individual needs. You will be allowed to participate in the session if this is helpful for your child.

INSURANCE

The social cognitive thinking groups may be covered by your insurance plan. You can check with your carrier regarding coverage. While we will give you an invoice with the CPT code 92508 (Group Speech Therapy) we **do not** accept insurance reimbursement directly from your carrier. At times your insurance company may ask us to complete forms and/or provide therapy notes. Depending upon the time involved, there may be an additional fee to fulfill their requests. You will be given notice of this at that time.

FEES

A non-refundable deposit of \$100.00 is required with this application. The deposit will be refunded if it is decided after the meeting that the group will not benefit your child at this time. Payment in full is expected two weeks prior to the group’s start date. Payments can be made by check, credit card and/or PayPal.

Fees are based on length of group.

6 weeks: \$585.00; 8 weeks: \$780.00; 10 weeks: \$975.50; 12 weeks: \$1170.00

School year: \$2340.00 (Fee for school year groups may be divided into two payments)

PARENT PARTICIPATION

Parents are expected to be involved in their child’s therapy program. We will try to provide weekly feedback regarding the concepts/activities introduced each week. This will be done via email and/or at the end of the therapy session if possible. We expect each family to attend our parent workshops so you may learn the concepts and strategies to support and encourage their growth at home and in other social settings. Individual parent coaching sessions are available with your child’s therapists for a fee. These sessions allow you to discuss your specific concerns and/or develop strategies that are individualized for your child.

Please sign below to indicate your agreement with all of the policies as described above.

Signature _____ Date: _____