



## Little Chats Verbal Behavior Program 2015 – 2016 REGISTRATION FORM

Please fill out the Registration Form and Parental Consent Form and return as soon as possible to: **Amazing Transformations, LLC, Attn: John Miller, 321 Yale Ave, Suite D, Stratford, NJ 08084 or Fax to: (888) 859-7749**

Child's Name \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis (if applicable): \_\_\_\_\_ 1:1 Assistant Required? ☐ Yes ☐ No Reason: \_\_\_\_\_  
(Additional fee may apply)

Allergies: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/ Guardian \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### ***TUITION:***

- ☐ I would like my child's tuition to be funded through health insurance. Name of Insurance: \_\_\_\_\_
- ☐ Private Pay Reduced Fee Option – Based on income / financial need. Please call for details. (Tuition must be paid prior to the start of services)

### PLEASE CHECK ( ✓ ) SESSIONS ATTENDING:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> September – June (Full Session) | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 1:00pm – 4:00pm |
| <input type="checkbox"/> September – December            | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 1:00pm – 4:00pm |
| <input type="checkbox"/> January- March                  | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 1:00pm – 4:00pm |
| <input type="checkbox"/> April - June                    | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 1:00pm – 4:00pm |

### Additional Person(s) Authorized to Transport my Child To / From Program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Important Notes:**

- Please pack a snack for your child each day and dress your child in comfortable clothing and shoes.
- Signature on this registration form also grants permission for named child to visit the local playground located within one block of the facility.
- Timely pick up at the end of class each day is extremely important. A fee of \$10 per every 15 minutes late will be assessed and this fee will not be covered by health insurance.
- Reimbursement is not available for absences for any reason\*. Up to two (2) absences may be prorated if Amazing Transformations is notified in writing prior to starting the Little Chats Program. \*Does not apply to those with health insurance funding

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(We accept Cash, Check, Visa, Mastercard, and Discover. Please make checks payable to Amazing Transformations)

### **Credit Card Payments**

Type of Card: ☐ Visa ☐ Mastercard ☐ Discover

Payment Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ 3-Digit Security Code (Back of Card): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### **For Internal Use Only:**

Received On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed By: \_\_\_\_\_

All Forms: ☐ Yes ☐ No \_\_\_\_\_

Deposit Received: ☐ Yes ☐ No

☐ Check ☐ Cash ☐ Credit ☐ School ☐ Insurance

Confirmation: ☐ Yes ☐ No

Method: ☐ Email ☐ Mail ☐ Phone