



## Social Skills Program Fall 2017 REGISTRATION FORM

Please fill out the Registration Form, Parental Consent Form, and Social Skills Inventory and return as soon as possible with your \$100.00 non-refundable deposit 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

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)
- School District Funding Case Manager: \_\_\_\_\_ Contact Phone / Email: \_\_\_\_\_

PLEASE CHECK ( ✓ ) GROUP (S) ATTENDING

### **LEGO/BRICK BUILDERS: MONDAYS** (Oct 23, Oct 30, Nov 13, Nov 27, Dec 4, Dec 11)

Elementary 5:45 pm – 6:45 pm

### **MINECRAFT: WEDNESDAYS** (Oct 25, Nov 1, Nov 15, Nov 29, Dec 6, Dec 13)

Elementary 5:30 pm– 6:45 pm

### **GET CONNECTED: VIDEO GAMES THROUGH SOCIAL SKILLS: WEDNESDAYS**

(Oct 25, Nov 1, Nov 15, Nov 29, Dec 6, Dec 13)

Middle & High School 7:00 pm – 8:30 pm

### **GET CONNECTED: VIDEO GAMES THROUGH SOCIAL SKILLS: THURSDAYS**

(Oct 26, Nov 2, Nov 16, Nov 30, Dec 7, Dec 14)

Middle & High school 6:30 pm - 8:00pm

### **LITTLE CHATS: SATURDAYS** (Oct 28, Nov 4, Nov 18, Dec 2, Dec 9, Dec 16)

Ages 3 – 6 10:00 am – 12:00 pm

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

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

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

Please return completed Registration Form, Parent Consent / Release Form, Social Skills Inventory, and \$100.00 non-refundable deposit to:

Amazing Transformations  
321 Yale Ave, Suite D  
Stratford, NJ 08084

(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: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

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  PO (School Dist.)

Confirmation:  Yes  No

Method:  Email  Mail  Phone