



Social Skills Program Winter 2018 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 (Feb 19, Feb 26, March 5, March 12, March 19, March 26)

☐ Elementary 5:30 pm – 6:30 pm

BEGINNERS VIDEO GROUP: MONDAYS (Feb 19, Feb 26, March 5, March 12, March 19, March 26)

☐ Middle/High School 6:45 pm – 8:00 pm

SOCIAL SKILLS IN ACTION: THURSDAYS (Feb 22, March 1, March 8, March 15, March 22, March 29)

☐ Elementary 5:30 pm – 6:30 pm

ADVANCED TEEN VIDEO GROUP: THURSDAYS (Feb 22, March 1, March 8, March 15, March 22, March 29)

☐ Middle & High school 6:45 pm - 8:00pm

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