

Teen Group Registration

Client Name: _____

Date of Birth: _____ **Age:** _____ **Sex:** _____

School Attended: _____

Grade: _____ **Activities/Sports:** _____

Parent/Guardian Name: _____

Contact Number(s): _____

Teen Group Title: (Please Circle)

Grief/Loss/Transition	Peer Pressure	Time Management
Spiritual Purity	Depression/Anxiety	Social Skills Building
Anger Management	Traumatic Stress	Other: _____

Sections Below to be completed by Counselor:

Projected Number of Sessions: 4 6 8

Dates: From _____ to _____

Days: Tuesday Wednesday Thursday

Times: _____ p.m. to _____ p.m.

Fee per session: \$20.00 \$25.00 \$30.00

Number of group members: (Circle One) 4 5 6