



## 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: \_\_\_\_\_

### **LITTLE CHATS: SATURDAYS (2/17, 2/24, 3/3, 3/10, 3/17, 3/24)**

☐ Ages 3 – 6 **9:00 am to 11 am**

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