



Shining Stars Theater Program 2016 SPRING 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
(Usually necessary if child has 1:1 in school for behavior)

Address _____ City _____ State _____ Zip _____

Parent(s)/ Guardian _____ Email: _____

Home Phone _____ Cell Phone: _____ Work Phone: _____

How did you hear about our program? _____

☐ Please check here if school district is funding. Case Manager: _____ Contact Phone / Email: _____

SHINING STARS

Ages 12 and up Tuesdays 5:00 - 6:30pm
Dates: Nov 1, 8, 15, 29 Dec 6, 13 Jan 3, 10, 17, 24, 31 Feb 7, 14, 21, 28
 March 7th - Dress Rehearsal March 10th (Friday) - SHOW!

Payment Option: Due to the focus on social skills instruction and ABA methods, this program is covered by many health insurance companies if your child has a diagnosis of autism. It is the responsibility of the parent to confirm insurance approval with us prior to beginning the session. Services that are not pre-approved will be billed directly to the parent. Discounted private pay fee is \$745 per 12-week session. Entire cost is due with registration.

_____ I would like to look into health insurance coverage for this program (please submit copy of front and back of insurance card, proof of autism diagnosis, and script from doctor indicating need for ABA services)

_____ I will be paying privately for this program. I have enclosed payment in the amount of \$745.00.

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 \$745.00 (discounted out-of-pocket rate) non-refundable tuition 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: \$ _____
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