



Social Skills Registration Form

Please fill out the Registration Form, Parental Consent Form, and Social Skills Inventory and return as soon as possible with your payment 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: _____

☐ **LITTLE CHATS – SATURDAY:** Ages 3 - 7 Saturday 10am – 12pm April 2, 9, 16, 23, 30, May 7

☐ **MINECRAFT:** Ages 8 - 13 Mondays 5:30 – 7:00 February 22, 29, March 7, 14, 21, April 4

☐ **BRICK BUILDERS:** Ages 8 - 12 Wednesdays 5:30 -6:30 February 17, 24, March 2, 9, 16, 23

Ages 13 – 17 Wednesdays 5:30 -6:30 February 17, 24, March 2, 9, 16, 23

Payment Option: Due to the focus on social skills instruction and ABA methods, these programs may be 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 \$240 per 6-week session. Fees cannot be prorated due to missed classes. 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 \$240.00.**

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 \$240.00 (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