



# Social Skills Program Spring 2019 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 (only possible if child has a diagnosis of Autism and your coverage includes ABA benefit). Name of Insurance: \_\_\_\_\_
- Private Pay Reduced Fee Option – Based on income / financial need. Please call for details. (Tuition must be paid in full prior to the start of services). Private pay fee for 6-week classes are \$315. Shining Stars extended session is \$840.

PLEASE CHECK ( ✓ ) GROUP (S) ATTENDING

**Shining Stars – “Music Through The Ages”:** Tuesdays (2/5, 2/12, 2/19\*, 2/26, 3/5, 3/12\*, 3/19, 3/26, 4/2\*, 4/9, 4/16, 4/30, 5/7\*, 5/14, 5/21, 5/28 Dress Rehearsal, 5/31 SHOW!! (\*= Meet at SUMC 122 Union Ave, Stratford, NJ 08084)

- Middle and High School 6:00 pm – 7:30 pm Haddonfield Plays and Players

**Brick Builders: - Tuesdays (2/26, 3/5, 3/12, 3/19, 3/26, 4/2)**

- Elementary 6:00 pm – 7:30 pm SUMC Annex: 122 Union Ave, Stratford

**Social Skills through Games – Wednesdays (2/27, 3/6, 3/13, 3/20, 3/27, 4/3)**

- Middle/High School 6:00 pm – 7:30 pm SUMC Annex: 122 Union Ave, Stratford

**Social Skills through Games - Wednesdays (2/27, 3/6, 3/13, 3/20, 3/27, 4/3)**

- Elementary 6:00 pm – 7:30 pm SUMC Annex: 122 Union Ave, Stratford

**Advanced Video Group - Thursdays (2/28, 3/7, 3/14, 3/21, 3/28, 4/4)**

- Middle/High School 6:15 pm – 7:45 pm Office: 321 Yale Ave, Stratford

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