

Social Skills Group

REGISTRATION FORM

I would like to sign up my child _____
(*child's name*)

for the following Friendship Group (please circle):

Monday 5:00-6:00 PM – children ages 6-9

Mondays 6:00-7:00 PM – children ages 6-9

Mondays 7:00-8:00 PM – girls ages 9-12

Thursdays 5:00-6:00 PM – children ages 6-9

Thursdays 6:00-7:00 PM – middle school boys.

The cost for the eight week session is \$400.00. Please enclose payment to reserve a spot for your child in the group requested above. Please contact us if you have questions about insurance reimbursement.

Thank you,

Chris Decker (847)347-9521

Nicole Hoffman (847)-821-1442

Check Enclosed: _____

Credit Card No. _____ **Expiration Date:** _____

Contact Name: _____

Contact E-Mail Address: _____

Phone Number: _____