



Interview and Beyond: Prevocational Skills Group Registration

Identifying Information

Participant Name: _____ Birthdate: _____

Participant Age (must be 16 or older by 1st session of the group): _____

Parent's Name (for Participants under 18): _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email: _____

Medical Diagnosis/Conditions: _____

Would you like to join our Parent Connection e-mail list? YES ___ NO ___

Where did you hear about this group? _____

Date of group (Choose 1):

6 Week Spring Group
Wednesday April 25- May 30
6-8PM

3 week July Group
Tuesday/Thursday July 10-26
6-8PM

Current Employment Status:

- High School Student
- Community College or University Student
- Actively Job Hunting
- Currently Employed
- Other _____

Verification of 6th Grade or Higher Reading Level (please attach documentation):

- High School Diploma
- Letter from a teacher verifying reading level of 6th grade or above

ALLERGIES:	
Does the participant have allergies?	YES _____ NO
List all known allergies:	

I agree that the information provided here is accurate.

Signature: _____ **Date:** _____

Payment Information: must pay in full	
Name as it appears on credit card	Total Cost:
Credit Card No. (MC/Visa)	
Expiration Date:	
Due to the nature of this group, physically aggressive behaviors cannot be tolerated. I understand that if a participant becomes aggressive, their participation will be terminated and that tuition will not be refunded for this reason.	
Signature of Payer:	Date:
_____	_____

Photograph Authorization: We are excited to be able to offer this training program and would like to share the experience with other families. We would be thrilled to use participant photos for our website, newsletter, Facebook and other marketing materials.

The undersigned consents to and authorizes the taking of pictures of summer group activities to be used on the K.I.D.S. Therapy Associates, Inc.'s website, newsletter, Facebook and other company marketing publications. The participant's name will not be published.

Please circle: Yes / No

Printed Name	Signature	Date
_____	_____	_____