

DOI: \_\_\_\_\_

Initials: \_\_\_\_\_

Start Date: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Location: R B L

**REGISTRATION FORM 2016-2017**  
*Please be sure to fill out the front and back of this form.*  
**Please return completed form to Reading office.**  
 New Application     Re-enrollment

I am interested in enrolling my son/daughter \_\_\_\_\_ in The Triumph Center’s social skills group program.

**SCHOOL YEAR SCHEDULE**

**PLEASE INDICATE ALL POSSIBLE DAYS AND TIMES YOUR CHILD COULD ATTEND**

Monday	3:30-4:40	4:50-6:00	Thursday	3:30-4:40	4:50-6:00
Tuesday	3:30-4:40	4:50-6:00	Friday ( <b>Reading site only</b> )	3:30-4:40	
Wednesday	3:30-4:40	4:50-6:00			

**Sites I am interested in (circle all possible):** READING    BEVERLY\*    LEXINGTON\*  
\*Additional Days May be Offered                    (Tues & Thurs)                    (Tues, & Wed)

PLEASE INDICATE ANY DAYS OR TIMES WHICH WOULD ***NOT*** BE POSSIBLE

**Please note:** It is possible that we may not have an appropriate group at your preferred site, day, or time. If you are able to travel to other sites it will increase the likelihood that we will have an appropriate group for your child. Likewise, increased flexibility regarding the day and time of the group increases the chances of a good match for your child.

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Parent Name (1): \_\_\_\_\_ Parent Name (2): \_\_\_\_\_

Guardian’s Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ W#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ C# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

**Fees:** Interview fee (if applicable): \$95.00 (\$5.00 convenience fee will be added if paying via credit card)  
 Group program: \$910.00 for a fourteen-week session (\$60.00 per session plus \$70.00 programming fee for regular educational feedback sessions and progress reports). All children are required to attend at least fourteen sessions regardless of their starting date.

\_\_\_\_\_ Enclosed is my prepayment check payable to the **Triumph Center** for \$910.00  
 \_\_\_\_\_ Please charge my Visa/MasterCard account (**\$15.00 convenience fee for all credit card payments**):

Acct#: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE SEE BACK OF PAGE**

**Important Insurance Information:** The Triumph Center is a provider for some BCBS and HPHC insurance plans. Please contact our office to find out whether your insurance will pre-authorize group services and pay for behavioral health benefits. With the exception for covered plans, you will be responsible to pay for your child's group in advance and will then be reimbursed directly by your insurance company. When applicable, we will work with you to complete the necessary paperwork in order for you to utilize your insurance benefit for the group program.

**IF ATTEMPTING TO PAY BY INSURANCE:**

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Insured: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

Employer's name if coverage is provided by employer: \_\_\_\_\_

Insurance Plan or Program Name: \_\_\_\_\_

Do you have a deductible?  YES  NO If yes, how much is it? \_\_\_\_\_

Do you have a Copay?  YES  NO If yes, how much is it? \_\_\_\_\_

If your insurance pays only a percentage, how much do they cover (in percentage)? \_\_\_\_\_

**IF SCHOOL DISTRICT OR OTHER AGENCY HAS AGREED TO PAY:**

WE NEED A SIGNED CONTRACT FROM THE SCHOOL DISTRICT OR AGENCY BEFORE THE CHILD CAN BEGIN TO ATTEND GROUP.

Name of School District or Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Billing Address if Known: \_\_\_\_\_

**Notes:**