

The Triumph Center is a counseling and consultation center serving clients and schools throughout New England. Over the past thirty years, we have provided therapeutic summer services for children, adolescents, young adults and their families. Join our team of licensed psychologists, BCBA's and licensed clinicians as we **Triumph Together** and make this an enjoyable summer.

**Summer Services
 June 29 –August 21 (8 Weeks)**

Making Friends Mondays: Social Skills Group*

Talented Tuesdays: Social Activity Group (Drama/Arts Focus)

Wellness Wednesdays: Coping Skills/Emotional Wellness Group*

Thriving Thursdays: Social Activity Group (Creativity/Project Focus)

Fantastic Fridays: Fun Friday Social Activity Group (Interactive Play/Group Choice – Minecraft, Roblox, etc.)

REGISTRATION FORM SUMMER

Please return completed form (**BACK AND FRONT**) to Reading office or via email to TriumphCenter@verizon.net

New Application Re-enrollment

I am interested in enrolling my son/daughter _____ in The Triumph Center's summer services program. Groups will begin using telehealth videoconferencing platforms and may progress to in-person sessions pending safety guidelines and wishes of parents/guardians.

PLEASE INDICATE ALL INTERESTED DAYS AND TIMES

| | | |
|-----------|------------------------------|--|
| Monday | 10:00-11:00 Child (age 9-12) | 1:00 – 2:00 Teen and Young Adult (Age 13+) |
| Tuesday | 10:00-11:00 Child (age 9-12) | 1:00 – 2:00 Teen and Young Adult (Age 13+) |
| Wednesday | 10:00-11:00 Child (age 9-12) | 1:00 – 2:00 Teen and Young Adult (Age 13+) |
| Thursday | 10:00-11:00 Child (age 9-12) | 1:00 – 2:00 Teen and Young Adult (Age 13+) |
| Friday | 10:00-11:00 Child (age 9-12) | 1:00 – 2:00 Teen and Young Adult (Age 13+) |

Note: Groups will be comprised of appropriate groupings based on age, developmental level, and clinical fit.

Client Name: _____ **Date of Birth:** ___/___/___ **Age:** ___ **Grade:** ___

Parent Name (1): _____ **Parent Name (2):** _____

Guardian's Name(s): _____ **Email:** _____

Home Phone: _____ **W#:** _____ **C#:** _____

Address: _____ **Town/Zip:** _____

Please complete back of form

FEES: Interview fee (if applicable): \$100.00. Acceptable method of payment cash or check.

*Therapy Groups (offered on Mondays and Wednesdays): **\$525** for single day eight-week session (\$60.00 per session plus \$45 programming fee to cover the cost of regular educational feedback sessions).

Social Activity Groups (offered on Tuesdays, Thursdays, and Fridays): **\$320** for single day eight-week session.

A 10% discount will be applied for clients enrolled in the full five days of programming for eight weeks.

Important Insurance Information: The Triumph Center is a provider for **some** BCBS, United, AllWays, HPHC & TUFTS insurance plans. Please contact our office to find out whether your insurance will pre-authorize group services and pay for a portion of your 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 (For Monday & Wednesday Therapy Groups Only):

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: _____