

**SUMMER GROUP REGISTRATION FORM 2023**  
**IN-PERSON GROUP IN READING**

*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 child \_\_\_\_\_ in The Triumph Center's social skills group program.

**JUNE 27<sup>th</sup> – AUGUST 10<sup>th</sup> (7 WEEKS)**

PLEASE INDICATE ALL POSSIBLE DAYS AND TIMES FOR ATTENDANCE

Tuesday      4:00-4:50pm

Wednesday    4:00-4:50pm

Thursday      4:00-4:50pm

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): \$150.00. Acceptable methods of payment are cash or check.

Summer group program: \$420.00 for the seven-week program (\$60.00 per session) *if paying out-of-pocket and not utilizing health insurance.*

**PLEASE SEE BACK OF PAGE**

**Important Insurance Information:** The Triumph Center is a provider for **some** BCBS, 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:**

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:**