

REGISTRATION FORM 2026-2027

Please return the completed form to the Reading office.

New Application Re-enrollment

I am interested in enrolling a child, adolescent, or young adult in The Triumph Center's social skills group program.

SEPTEMBER THROUGH JUNE SCHEDULE

PLEASE INDICATE ALL POSSIBLE DAYS AND TIMES YOUR CHILD COULD ATTEND

Monday	4:00-4:50	5:00-5:50	Thursday	4:00-4:50	5:00-5:50
Tuesday	4:00-4:50	5:00-5:50	Friday	4:00-4:50	
Wednesday	4:00-4:50	5:00-5:50			

Sites I am interested in (circle all possible): READING

LEXINGTON*

*Additional Days May be Offered

(Wednesday Only)

Please note: It is possible that we may not have an appropriate group at your preferred site, day, or time. If you can 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.

Participant's Name: _____ **Date of Birth:** ____/____/____ **Age:** ____ **Grade:** _____

Parent/Guardian (1): _____ **Email:** _____

Parent/Guardian (2): _____ **Email:** _____

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

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

Who referred you to our agency? _____

Check this box if you'd like to be added to our email list for updates & announcements

Fees: Interview fee (if applicable): \$150.00. Acceptable method of payment cash or check.

Group program: \$740.00 for a ten-week session (\$74.00 per session). All children must attend at least **one** 10-week session regardless of their starting date.

PLEASE SEE THE BACK OF THE PAGE

Important Payment Information: Our service rates are private pay as we do not accept insurance. Our practice is out of network (OON) for all insurance coverage. This means that patients pay at the time of service and then can seek reimbursement directly from insurance using available OON coverage.

Our accepted payment methods are cash and check/ACH payments (made out to Triumph Center). We also accept payments via VISA and Mastercard.

Please contact your insurance provider to find out about your out-of-network (OON) coverage.

Preferred Provider Organizations (PPOs) are flexible plans that generally provide reimbursement for out-of-network providers. Be sure to check with your insurance provider to confirm your behavioral health coverage and determine if you have a deductible obligation. Health Maintenance Organizations (HMOs) plans restrict your choices of care and typically do not cover out-of-network benefits.

The Triumph Center will provide you with an itemized bill for insurance reimbursement.

Sliding scale rates will be offered to individuals/families who qualify for a reduced rate. Please call the office at 781-942-9277 for a sliding scale application.

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

We require a signed contract from the paying school district or agency before the child can attend the group program

Name of School District or Agency: _____

Contact Person: _____ Phone# _____

Billing Address if Known: _____
