

Start Date: _____	Amount Paid: _____
Group Type: _____	Explain _____

Change in Action

Behavioral Management for Anger and Stress

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Home: _____ Cell phone: _____

Registration for:

Adult 1: _____ Age: _____

Adult 2: _____ Age: _____

Child 1: _____ Age: _____

Child 2: _____ Age: _____

Child 3: _____ Age: _____

Child 4: _____ Age: _____

Child 5: _____ Age: _____

Are there any specific medical or behavioral conditions that we should be aware of such as allergies or diagnoses? (Please list) _____

Were you referred to the program? _____ If so, please list contact information _____

Group Policies:

- **Confidentiality**- Information provided will be held Confidential except for the following situations: someone is threatening to hurt themselves or others, disclosure of child abuse or neglect, or if the information was court ordered to be released.
- **Attendance**- participants agree to attend 8 weekly sessions and to engage in program activities and skills demonstrations during each session. Missed classes cannot be made up. Late arrivals are considered a missed class for court ordered.
- **Neurofeedback** therapy is provided by appointment only and is included in the program fee. There is a missed appointment fee of \$20 which will be assessed for skipping appointments.
- **Referrals and Reports**- Participants must sign a waiver to release information or to request that attendance and completion reports are sent to referring agent. These will not be provided without signed permission.
- **Respect**- Each person's opinion will be respected and opportunities to share pertinent ideas/suggestions will be permitted as time allows.

By signing this registration, I state that all information is correct and that I understand and agree to all group policies including confidentiality and consistent participation.

Signature

Date