



Think It Through Skills Group Fall 2018 Registration Form

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Cell Phone: _____ Parent 2 Cell Phone: _____

Parent 1 Email: _____ Parent 2 Email: _____

Home Phone: _____ Preferred method of contact: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Please list any relevant diagnoses for your child: _____

Please describe any behavioral concerns: _____

Does your child have any food allergies? Yes No If yes, please list: _____

Please list any medical concerns that we should be aware of: _____

Is this your child's first skills group with First Children Services:

Yes No

How did you hear about our Think It Through Group? _____

Payment

I am paying by check* Please make checks out to First Children Services for \$180
(There will be a \$35 fee for returned checks)

I am paying by cash (Must be received prior to class start date)

I am paying by credit card (authorization form attached)

Other funding Source: _____

Registration will not be guaranteed until we have received this registration form and payment in full. The class is first come, first serve, and **registration closes on September 13, 2018.**

Please return this form with payment by mail, fax, or email to:

referrals@firstchildrenservices.com

First Children Services attn. Service Coordinator

1256 Markkress Road, Cherry Hill, NJ 08003

Fax: (856) 888-1265 Phone: (888) 966-0746

Reimbursement is not available for absences.



Credit Card Authorization Form

Child's Name: _____

Program Attending: Think It Through Fall-2018 _____

Visa MasterCard American Express

Account Number: _____ Expiration Date: _____ Amount: _____

CCV code (security code): _____ Name on Card: _____

Cardholder's Signature: _____ Date: _____