



Creative Speech Solutions LLC  
PEDIATRIC THERAPY CENTER

Social Skills Groups Registration (Summit)  
Winter 2023

Date of Registration: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Child's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Person to contact in an emergency if parent cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person(s) other than parent authorized to pick child up from Social Skills Groups:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Formal diagnosis, if any: \_\_\_\_\_

Health Comments and History (allergies, asthma, medications, limitations, dietary restrictions, etc.):

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**Social Skills Group Payment Information**

- Group participants may require a 15-minute screening (no cost) to determine group placement
- Group assignments are contingent on appropriate placement for your child (if a group is not available, payment will be reimbursed)
- Payment in full is due at time of registration (there are no refunds if a child misses a session)
- Social Skills Group payments are NOT eligible for reimbursement through any insurance carrier
- I understand and agree to the terms of CSS Social Groups stated above

Parents/Guardians Name(s) (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

turn over →

Please indicate **your time/day choices in order from 1-4**. We will do our best to accommodate your top choice(s) but group assignments are dependent on age and social/language needs. Therefore the more information and flexibility you provide, the easier it will be to be placed in a group. Children are carefully grouped by age, skill set and social/language goals therefore we can't guarantee your first choice.

\*Group assignments will be confirmed by mid January.

\_\_\_\_ Saturdays 11:00-11:45 (6 sessions/\$558 total)

**Dates:**

January 28  
February 11, 18  
March 4, 18  
April 1

\_\_\_\_ Saturdays 12:00-12:45 (6 sessions/\$558 total)

**Dates:**

January 28  
February 11, 18  
March 4, 18  
April 1

\_\_\_\_ Mondays at 6:00-6:45 (8 sessions/\$744 total)

**Dates:**

January 23, 30  
February 6, 13, 27  
March 6, 13, 20

\_\_\_\_ Fridays at 5:00-5:45 (8 sessions/\$744 total)

**Dates:**

January 27  
February 3, 10, 24  
March 3, 10, 17, 24

**Additional Information Regarding Scheduling (e.g., Can't do Mondays):**

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Check for Social Skills Groups payable to Creative Speech Solutions, enclosed \_\_\_\_\_

Please charge my credit card:  Visa  MasterCard

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (CVV): \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_