

## “Making Connections”—Registration Form

We are very excited that you are interested in participating in *Making Connections*. In order for us to hold a spot for your teen/child, please fill out the following registration form and mail it to: 5347 S. Valentia Way, Suite 120 Greenwood Village, CO 80111. You can also email the form to [Lauren@LaurenKerstein.com](mailto:Lauren@LaurenKerstein.com). Once your registration form is received, a 30 minute intake will be scheduled. The 8-week group series (including the intake) is \$480.00. In order to participate, the full group fee must be received, or payment plans need to be arranged PRIOR to the first group. For your convenience, you may pay by credit card online at [www.LaurenKerstein.com](http://www.LaurenKerstein.com). You may also send a check to the above address.

Name (last, first, middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Name of School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

The child/teen resides with:    Mother            Father            Both            Other: \_\_\_\_\_

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

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

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

Allergy Information: \_\_\_\_\_

Diagnostic Information: \_\_\_\_\_

Medications: \_\_\_\_\_

Referral Source: \_\_\_\_\_

**Please write a few sentences about your child including goals, strengths and areas of need so that we can begin to incorporate these items into the curriculum. Please describe your goals for your child.**

---

---

---

---

---

---

---

---

---

---

\* I give Lauren Kerstein and Mara Trager Tcheunou permission to communicate via email or verbally about such matters as cancellations, group information, billing and questions. \_\_\_\_\_  
Signature Date

\* I give Lauren Kerstein and Molly Lipkin permission to communicate via email or verbally about such matters as cancellations, group information, billing and questions. \_\_\_\_\_  
Signature Date