



Social Skills Groups Registration Form

Child's Name: _____

Address: _____

Phone Number: _____

Emergency Contact Information: _____



Days you are registering for:

- Tuesday, 10 am – 12 pm Wednesday, 10 am – 12 pm
- Fridays, 10 am – 12 pm Fridays 5 pm – 7 pm
- Saturdays 10 am – 12 pm Saturdays 1:30 pm – 3:30 pm

Along with this form, please submit:

- Page 1 of the Assessment of Basic Language and Learning Skills – Revised graph
- The BDS Intake Package (if you are not a BDS client)
- The client's IEP
- A copy of your Behavior Support and Intervention Plan
- The BDS Emergency Form
- Immunization records showing that all vaccines are up to date
- Liability Release
- Financial Agreement



Method of Payment:

Sessions must be paid for in advanced (48-hour prior to first session beginning each month). An invoice can be generated at your request. Parents are responsible for paying for the activity/outing if not taking place in the clinical location. Checks should be made out to "Breakthrough Developmental Services, LLC." There is a \$36.00 (USD) returned check fee.

- Personal check – Amount enclosed: _____
- Credit Card

Return form to:

Breakthrough Developmental Services, LLC
P. O. Box 5124
Hyattsville, MD 20782