



## Social Skills Group Registration Form

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Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Grade in School \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Phone Number(s) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_

Emergency Contact Relationship to Child \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please list any allergies your child has \_\_\_\_\_

Please list any other medical conditions we should be aware of (Seizures, Diabetes, heart conditions etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Bertling ABA Social Skills Group Contract



## **Registration, Fees and Social Skills Group Terms**

- Call or email our office to register at [admin@bertlingaba.com](mailto:admin@bertlingaba.com) or [630-299-3325](tel:630-299-3325)
- Parents/guardians will complete a registration form to determine which group best suits your child.
- Secure your group request with a payment through Quickbooks. If you are a Bertling ABA client through insurance, no payment is required; social skills group is part of your treatment plan.
- All Policy and Procedures forms must be signed and returned to secure your child's enrollment.
- Sessions run in 6 week segments consecutively throughout the year with some occasional 1-2 week breaks.
- Private pay payment is \$200 for six weeks

**I have read the above and agree.**

## **Payment Options**

- Payment in full is due prior to the first session of each 6-week period. Customer agrees to complete the entire term and groups will automatically end upon completion of the term.
- Payments returned as NSF will result in a \$25 fee.
- Tuition is non-refundable.
- If spots are available and Customer joins mid-session, fees will be prorated accordingly.

**I have read the above and agree.**

## **Attendance Policy**

- We are focused on providing the absolute best social experience as possible. We do realize that conflicts arise from time to time that require you to miss a regularly scheduled group.
- Please email [admin@bertlingaba.com](mailto:admin@bertlingaba.com) as soon as possible if your child is unable to attend.
- It is ideal for your child to attend group regularly, as all staff and participants will get to know your child better. In addition, progress in social skills is largely based on consistency.

**I have read the above and agree.**

## **Pick-up and drop-off Policy**

- Parents must sign their child in upon drop off and sign their child out at pick-up. Parents are not allowed to stay in the office during Social Skills group.

**I have read the above and agree.**

## **Inclement Weather Policy**

- In the event that we cancel lessons due to severe acts of nature, we will notify all participants about the cancellation through email.
- In the case of severe acts of nature and Bertling ABA has to close its doors, no make-ups will be given.

**I have read the above and agree.**

## **Maladaptive Behaviors**

- When any of the following behaviors (aggression, SIB, elopements, and property destruction) occur, it inhibits that participant as well as other participants' safety and ability to fully engage and learn in the group.
- While we do a thorough screening process prior to participation, these behaviors will at times emerge after the fact. If your child participates in any of these behaviors, parents/guardians will be notified and they will no longer be able to participate in social skills groups and a refund for the remainder of the session will be given, if applicable.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## Social Skills Liability Waiver

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Name of Client/Child (herein referred to as Child):

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Name Last Name Date of Birth

I do hereby acknowledge, consent, and agree to all the following terms and conditions:

- I declare and represent that I am the Parent or Guardian of the Child (listed above)
- I permit my child to engage and participate in social skills groups at the Bertling ABA office located at 1315 Macom Drive Suite 003, Naperville, Illinois. I understand that the purpose of these social skills groups is to provide my child with necessary opportunities to experience, and ultimately demonstrate mastery of social skills and to do so in a natural, and/or authentic, community setting.
- I hereby declare to release, defend, and hold harmless Bertling ABA Inc. and those working for, or in association with, this company for any and all claims regarding expenses, personal injury, loss, or damages incurred or caused by my child during, or in connection with, his/her involvement and participation with social skills groups held at the office.
- I understand that, when my child is participating in social skills groups, he/she will be under the supervision and control of a minimum of two Bertling ABA staff members. I understand that my child's involvement and participation in organized social skills groups/activities involves certain risks and hazards of injury and/or property damage.
- I declare that in signing this form, I am agreeing to, and giving permission for, my child to participate and engage in social skills groups at the office.

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I hereby attest that my child's attendance and involvement in such social skills groups is voluntary and that I have read (or had read to me) this release, understand it, and sign it voluntarily.

Parent/Guardian Signature of Consent:

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date