



Mindsight

Integrative Therapy Services

Kids Group Form

Demographics

Client Name _____ Date _____

Address _____

Phone number _____

E-mail address: _____ Date of Birth _____ Age _____

Does your child have any allergies, or is there anything we should know about your child that will make their experience better during class?

Person Completing this form

Name _____ Phone _____

Your relationship to client _____ E-mail: _____

Payment Information

The cost of the class is _____ per session. Mindsight Integrative Therapy Services uses IVY Pay for payment. IVY pay requires us to send a link to your phone so you can upload your debit or credit card information.

What phone number should we send the link to? _____

_____ I understand that it is my responsibility to contact Mindsight to let them know of the card n file with IVY pay needs updated, otherwise I will be charged after the session ends.

_____ I acknowledge that this class and its curriculum is supervised by a licensed mental health professional, and the teacher teaching this class is a student who is seeking certifications in Yoga and mindfulness, specializing in children.

Parent/Guardian Signature _____ Date _____