



Heal Together Counseling: STAR Group Registration

Please send the completed form to:
rebecca@healtogethercounseling.com

Child/Parent Information:

Date: _____

Child's Full Name: _____ Nickname: _____

Age: _____ Gender (circle): Male Female Nonbinary Other

Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Phone: _____

Email Address: _____

Allergies: Yes No List Allergies: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Child Background (circle all that apply):

Behavioral Issues

Attention Issues

Sensory Issues

Aggression

Trauma

Abuse/Neglect

Complex Medical

Developmental Delays

DCYF Involvement

Other: _____

Why are you interested in this group?

How did you hear about this group? _____

Heal Together Counseling: Consent for Group Participation

Group work is a great way to build relationships, develop social skills, and learn to navigate complex relationships. By signing below, you are acknowledging that you have read and understand the group guidelines and that you agree to participation.

Group Guidelines:

- I understand that this is a child/caregiver group and that parent/caregivers are expected to be present and available to work with the child throughout the group.
- I understand that group work involves meeting with other children and adults. Heal Together Counseling cannot be held liable for any breaches of confidentiality made by others in the group.
- I understand that this group is not mental health therapy but rather a supplemental group for support and learning about emotions and ways to support regulation.
- I understand that providers do their best to ensure a safe and positive growing environment and that there may be times that my child needs a break. Caregivers are expected to remain with the child at all times to provide support.

Financial Agreement:

- This group is a 6-week commitment. Each session costs \$40.00 and can be paid weekly. If paid in full on the first day (\$210.00), each session is \$35.00.
- I understand that if paying weekly a credit card must be kept on file for billing purposes.
- I understand and agree to have my credit card charged by Heal Together Counseling for the total cost of the S.T.A.R. Group that my child is registered for.

I acknowledge that I have read and agree to the group guidelines and financial agreements listed above. I consent to my child's participation in this group.

Child Name

Date of Birth

Caregiver/Parent Name

Relationship to child

Caregiver/Parent Signature

Date

Rebecca Searles, LICSW

Date