



Registration Form

Childrens's names and ages please _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

The price is **\$375.00** for a 6-week group.

We accept the following forms of payment: Check or Cash

Make check payment to: Social Skills Place, Inc.

We will supply a form to be submitted to your insurance company.