

CADENZA CENTER FOR PSYCHOTHERAPY & THE ARTS, INC .

SUMMER PROGRAM ENROLLMENT

Date: ___/___/___

Name: _____ Date of Birth: ___/___/___

Age: _____ School: _____ Grade: _____

Address: _____

City/State/Zip: _____

Phone: Home: (____) _____ - _____ Work:(____) _____ - _____ Cell:(____): _____ - _____

E-mail: _____

(we need your e-mail so that we may send you pictures of your child engaging in activities and having fun!)

Emergency Contact: Name: _____ Phone:(____) _____ - _____

Alternate contact person & phone number: _____

What dietary limitations does your child have (i.e., Kosher only, gluten free, no sugar, etc.) as we plan to provide healthy snacks during our program. Please be as specific as possible:

What does your child enjoy doing during free time:

Does he/she participate in structured extracurricular activities? If so, what:

What are your child's strengths:

What are your child's weaknesses or struggles:

What other information should we know about your child to better understand your concerns? Please include behavioral needs (i.e., effective strategies for calming, redirecting; sensory sensitivities, etc.):

Please describe what you would like to have your child experience or goals you have for their participation in our summer program:

Consent for Media Release

I _____ (CIRCLE ONE): DO DO NOT
(Parent or Legal Guardian)

give permission for _____
(Name of Child)

to be photographed and/or audio or video taped by the therapists at the Cadenza Center. These pictures and tapes will be shared with other family members of children attending our summer program and may be used for education and training purposes only (i.e., clinical supervision, conference presentations) or for advertisement purposes (i.e., brochures, newspapers). At no time will your child's full name be spoken on the tapes and your child's full identity will remain confidential.

Signature of parent/guardian: _____ Date: ____/____/____

Signature of witness: _____ Date: ____/____/____

CADENZA CENTER FOR PSYCHOTHERAPY & THE ARTS, INC .

Summer Program Policies & Financial Responsibility Agreement

Client Name: _____

Thank you for choosing Cadenza Center, Inc. The following is a statement of our financial policy, which we require you to read and sign prior to receiving non-emergent care.

For parents or legal guardians of our clients, **FULL PAYMENT IS DUE AT THE TIME SPECIFIED BELOW.**

Children enrolled in our summer program are able to attend whole week or selected days with prior notice to the Cadenza Center by Friday of the previous week. Because we need to adequately plan and staff our program, credits for days missed will be made only with adequate advance notice or in the event of an unforeseeable event (i.e., serious illness).

Payments are due each Friday for the upcoming week. Payments can be made by check, cash, or credit card. Payments not received by Friday will prevent your child from participating in the next week's program.

Parents will communicate with the Cadenza Center staff regarding unforeseen circumstances that prevent them from picking up their child by 1:00 p.m. A \$15 fee will be assessed for children not picked up by 1:15 p.m. and every 15 minute block afterwards. This fee is due upon picking up your child.

Cadenza Center, Inc. reserves the right to refer any unpaid balance to an outside collection agency and to take appropriate legal action to collect unpaid balance. You will be responsible for payment of all fees and costs associated with these collection efforts, including payment of any court costs and attorney's fees. Non-payment of fees may result in the interruption of your services.

I have read the financial policy and had an opportunity to have question answered. I understand and voluntarily agree to this financial policy. Thank you for understanding our financial policy.

Signature of Parent or Legal Guardian: _____ Date: __/__/__

Signature of Witness: _____ Date: __/__/__

_____(Initial) By completing this form and putting my signature above, I acknowledge that I am consenting for the above-mentioned individual and that I have the authority to give such consent.

_____(Initial) I have read and agree to the Cadenza Center's policies summer program policies and financial responsibilities.

CADENZA CENTER FOR PSYCHOTHERAPY & THE ARTS, INC .

Registration: \$30 per child

Cost: \$65/day; \$300 per week

Please complete one form for each child who you plan to enroll. Please choose the weeks and/or dates you wish your child to attend by placing an X each date. **Please note that the registration fee and the first week's fees are due no later than Monday, June 7th.**

CHILD NAME: _____

JUNE, 2010

	Mon	Tue	Wed	Thu	Fri
Week 1	14	15	16	17	18
Week 2	21	22	23	24	25
Week 3	28	29	30	1	2

JULY, 2010

	Mon	Tue	Wed	Thu	Fri
Week 4	5	6	7	8	9
Week 5	12	13	14	15	16
Week 6	19	20	21	22	23
Week 7	26	27	28	29	30

AUGUST, 2010

	Mon	Tue	Wed	Thu	Fri
Week 8	2	3	4	5	6
Week 9	9	10	11	12	13
Week 10	16	17	18	19	20

Credit Card Payment Consent Form

Patient Name: _____

Name on card if different: _____

Billing Address: _____

I authorize Cadenza Center for Psychotherapy & the Arts, Inc. to charge my credit card for professional services as follows:

Initial

_____ Recurring charges (copays, weekly camp fees) not to exceed \$ _____ per visit
for date(s) of service _____ to _____

_____ To charge my card for late pick-up fees as per the summer program policy.

_____ To charge my card in the amount of \$ _____ for visits missed or cancelled without the
required 24 hours notice (unless it's an emergency situation).

Type of Card: Visa MasterCard Expiration Date _____

Credit Card Number _____ - _____ - _____ CVV Number _____
3-digits on back of card

Cardholder Signature _____ Date: _____