



**TEEN CLASSES & GROUP
Registration Form**

PLEASE READ AND COMPLETE the (2) pages of this form, providing the REQUIRED SIGNATURES.

Please print.

Participant's Name: _____ Today's Date: _____
(Last) (First) (Middle Initial)

Gender: M F Age: _____ Birth date: _____ Birth Place (City & State) _____

Address: _____

City, State, & Zip: _____

Responsible Party for the underage minor: Who is the legal guardian? _____

Name: _____ Address _____

City, State & Zip _____

Soc. Sec. #: _____ Birth Date: _____

Home Phone _____ Work Phone _____ Cell Phone _____

May we call you or leave a message for you at: Home [] Work [] Your Cell []

Classes/Groups Type (Check one):

Accountability Builds Character (ABC)

Fees: \$30.00 for a 3-week session

All classes must be completed and paid for before *Certificate of Completion* is awarded. If participant misses a class, the class with the same topic may be made up the next date that the class is offered. This may be done once and only during the next class session. The 3-week session must be completed or the participant will have to start over.

Anger Management

Fees: \$10.00 per class or \$60.00 for the 6-week session

All classes must be completed and paid for before *Certificate of Completion* is awarded. If participant misses a class, the class with the same topic may be made up the next date that the class is offered. This may be done once and only during the next class session. The 6-week session must be completed within two (2) months or the participant will have to start over.

Petty Theft Intervention

Fees: \$30.00 for the one-day group session

Victim Awareness

Fees: \$10.00 per class or \$60.00 for the 6-week session

All classes must be completed and paid for before *Certificate of Completion* is awarded. If participant misses a class, the class with the same topic may be made up the next date that the class is offered. This may be done once and only during the next class session. The 6-week session must be completed within two (2) months or the participant will have to start over.

Fees are payable by CASH or DEBIT CARD only and must be paid BEFORE the participant may attend that day's class/group.

NO EXCEPTIONS.



The purpose of this document is to inform you of the policies and procedures of Olive Branch Counseling Center, Inc. and to secure your agreement of these terms.

I _____ (participant's name) agree to attend the _____ Class/group. After reading this form, I understand that I am free to discuss any concerns or questions with my group leader. The purpose of the group is to provide therapeutic help and support to my related issues. I realize that in order for this group to be helpful, my regular attendance and participation is needed.

The fee for this class/group is _____ for _____ (#) of sessions. By signing this form, I am agreeing to pay for the class/group session(s). I must pay in advance of each class/group by cash or debit card. As a courtesy to the other members, I am aware that there is a 24-hour cancellation notice and I should notify the group leader when I will be absent. If absences become disruptive to the group processes, this will be addressed with the group facilitator individually and/or in the group setting. Attendance will be recorded.

CONFIDENTIALITY

In order to protect the participant's interests and personal rights, we would like you to be aware that professional ethics and law dictate that information shared in class will remain confidential and will not be shared with anyone without your written permission. The following are some exceptions:

1. If participant or you report to us any knowledge of child or elder abuse, we may be required to report it to the proper authorities.
2. If participant indicates that he or she intends to harm her/himself, or anyone else, we must take a reasonable and precautionary measure to protect whoever is in danger.
3. Similar actions are taken when one expresses suicidal thoughts and desires.
4. Every effort will be made to prevent a dangerous action and/or to resolve these issues before such a violation of confidentiality takes place.
5. Facilitator may report participant's attendance, acts of violence, and evaluation of participant's progress and violations of conditions of probation or civil order to participant's probation officer. If participant is asked to leave for conduct problems, there will be **no refund**.

GENERAL GROUP RULES

- Respect other members of the class/group
- Respect yourself
- Respect the process: Arrive on time and stay the full time. Make a commitment to attend each week.
- Confidentiality: this is very important! The group environment needs to feel safe for everyone. It is vital that you keep what is said in the group confidential. Do not discuss other members with anyone outside of the class/group (this includes other group members). Olive Branch Counseling Center, Inc. cannot enforce confidentiality although we strongly encourage your cooperation and full compliance.

Authorization to Release Information to the Probation Officer: I authorize information to be released regarding my participation, behavior and attendance in the class/group to be shared between the facilitator and the person/agency listed on this form.

The named individual is enrolling in the class/group noted at **Olive Branch Counseling Center, Inc.** When the participant completes the required session(s), he or she will receive an original *Certificate of Completion* and a photocopy [for only those classes/groups noted]. The certificate must have the original Olive Branch Counseling Center, Inc. logo on it, and be signed by the facilitator. Individuals enrolled are informed that the facilitator will report their attendance, any acts of violence, and an evaluation of their progress. Any questions may be directed to the facilitator of the class/group at 909-989-9030.

Probation Officer's (PO) Name: _____

Probation Officer's Address: _____

City, State, & Zip: _____

Probation Officer's Phone Number(s): _____ Fax Number: _____

My signature below indicates that I have read the information in this document, provided accurate information, and agree to abide by the terms during my professional relationship with Olive Branch Counseling Center, Inc. My signature also signifies my consent to participate in this class.

Signature of Participant

Date

Signature of Parent/Legal Guardian/Foster Parent/Conservator/Other
(Required if participant is a minor, under age 18)

Date