

## Registration for Teen Girls Take On Life

Name: \_\_\_\_\_

Age \_\_\_\_\_ Current Grade and School \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_ (Parent) Cell: \_\_\_\_\_ (Student)

Emergency Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

What, if any, are topics you would like to have discussed in group?

What would you like to gain from this experience?

If under 18: I \_\_\_\_\_ consent for my daughter,  
\_\_\_\_\_ to participate in this growth group under the Facilitation of  
Kristin Reiners. I understand this is not therapy and is not a substitution for therapy  
and is not billable to insurance. This is a support group for designed for the  
purpose personal growth and exploration. I understand complete confidentiality  
will be in place.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Registration Payment For *Teen Girl's Take On Life*

I authorize Kinderton Counseling to process a one time fee for Group Services in the amount of \$150.00.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration: \_\_\_\_\_ CV Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_