



A Center for Behavioral Wellness

**We are One Voice, Many Experiences, One Family .  
Join the Movement!**

Child's Name (first):	Child's Name (last):	Date of Birth:
School:		Grade:

II. Description of Interest			
<input type="checkbox"/> Counseling <input checked="" type="checkbox"/> Learning Pod <input type="checkbox"/> Coaching <input type="checkbox"/> Group Therapy	Teacher's Name(s) or School Contact:		
	Name & Title:	Email:	Phone:
Today's Date:	Name & Title:	Email:	Phone:

III. Family Information:			
Mom's Name:		Phone:	
Address:		Email:	
Dad's Name:		Phone:	
Address:		Email:	
Child's Info.		Phone:	
Who does the child reside with?		Email:	

**Please list hours of participation:** Day rate requires participation 2 days/week min. Registration Fee \$75 (non refundable)

School Hours (SH): 8am-3pm \$200/week or \$55/day	Morning Care (MC): 6am-8am \$50/wk or \$15/day	After Care (AC): 3-6pm \$60/wk or \$20/day
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Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop

**How often would you like to be billed? Weekly or Monthly**



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Please take time to complete for each Child. <span style="float: right;">Child's Name:</span>	
Please describe educational challenges which your child has experienced in the past:	
What educational concerns have educators expressed about your child/teen?	
Describe any behaviors to be aware of that your child or teen may exhibit?	
What are your child's strengths?	
<b>Lunch</b>	<b>Allergies or Medical Concerns</b>
<input type="checkbox"/> Healthy Meal Including Meat <input type="checkbox"/> Vegetarian Option <input type="checkbox"/> Vegan Option	
Please include any additional comments or concerns.:	

II. Optional Services:			
<input type="checkbox"/> Counseling <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group <input type="checkbox"/> Couples  <input type="checkbox"/> Coaching  <input type="checkbox"/> Space Rental	Check all that apply in any category		
	<input type="checkbox"/> <b>Child</b> (4-10 yrs)	<input type="checkbox"/> <b>Adolescent</b> (11-18 yrs)	<input type="checkbox"/> <b>Adult</b>
	<input type="checkbox"/> Social Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> ADHD <input type="checkbox"/> Grief <input type="checkbox"/> Divorce <input type="checkbox"/> Other	<input type="checkbox"/> Gender Identity <input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Bullying <input type="checkbox"/> Self Esteem <input type="checkbox"/> Suicidality	<input type="checkbox"/> Parenting Difficulties <input type="checkbox"/> Woman Empowerment <input type="checkbox"/> Marital Concerns <input type="checkbox"/> Adoption/foster Care <input type="checkbox"/> Toxic Relationship <input type="checkbox"/> Motherhood Challenges



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### **School Info Sheet**

Child's First Name:	School Name:
Child's Last Name:	Grade:

### **Log-In's & Passwords**

Teacher Name:	Log-In Username:
Class Subject:	Log-In Password:
Application Name:	

Teacher Name:	Log-In Username:
Class Subject:	Log-In Password:
Application Name:	

Teacher Name:	Log-In Username:
Class Subject:	Log-In Password:
Application Name:	

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### Student Daily Checklist:

<b>Daily checklist:</b>	<b>The following items must be brought daily to the Virtual Learning Program. Please label all items with your child's name using a Ziploc bag or pouch.</b>
<input type="checkbox"/>	<b>Headphones</b>
<input type="checkbox"/>	<b>Educational Device</b> (please bring devices fully charged daily)
<input type="checkbox"/>	<b>Charging Cord(s)</b>
<input type="checkbox"/>	<b>Educational Supplies needed:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notebook</li> <li><input type="checkbox"/> Pencil</li> <li><input type="checkbox"/> Paper</li> <li><input type="checkbox"/> Eraser</li> <li><input type="checkbox"/> Colored pencils</li> <li><input type="checkbox"/> Pen/pencil</li> </ul>
<input type="checkbox"/>	<b>Snack-</b> please bring snacks daily
<input type="checkbox"/>	<b>Face mask or shield</b>
<input type="checkbox"/>	<b>Water Bottle</b>

<b>Info</b>	<b>Pick Up &amp; Drop Off</b>
<b>Emergency Contact</b>	<b>Name:</b> <b>Phone:</b> <b>Relationship:</b>
	<b>Name:</b> <b>Phone:</b> <b>Relationship:</b>
<b>Pick Up</b>	<b>Name</b> <b>Relationship:</b>
	<b>Name:</b> <b>Relationship:</b>