

Group Therapy Parent Signature Page

I have read and understand the policies and procedures outlined in the parent handbook and agree to abide by them for the duration of my child's participation in group therapy with Dr. Forrester. I understand that my child is allowed one (1) missed session without charge and that any other missed sessions (illness or otherwise) during a "semester" of group will be a charged visit. I understand that receipts are not provided for missed sessions as this fee is not reimbursable by insurance. I understand that payments are due on or in advance of the day of the session and that a late fee may be applied.

Child's name: _____

Parent/Guardian signature: _____

Parent/Guardian's name (printed): _____

Date: _____