



# Social Skills Group



## Registration Form

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

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

Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Referred by: \_\_\_\_\_

Reason for attending group: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals for group: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any allergies? N Y Specify: \_\_\_\_\_

Does the child have any medical conditions? N Y Specify: \_\_\_\_\_

Does the child have any history of significant physical aggression? N Y  
Specify: \_\_\_\_\_

Does the child have any mental health diagnoses? N Y  
Specify: \_\_\_\_\_

Is the child currently in mental health treatment? N Y Specify: \_\_\_\_\_

Does the child have an IEP? N Y Specify classification: \_\_\_\_\_

Please return completed registration forms by October 5, 2015 to:

Jennifer Bruno Marriage and Family Therapy PLLC

PO Box 10793

Rochester, NY 14610

Or

[jbrunoplay@gmail.com](mailto:jbrunoplay@gmail.com)

Once completed registration forms are received, you will be contacted to set up a phone screen and additional information about the group will be provided including group expectations and payment instructions.