

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

# Healthy Minds Healthy Body Institute

## Registration Form 2018

Child's Name \_\_\_\_\_ BD \_\_\_\_\_ Present Age \_\_\_\_\_ Grade \_\_\_\_\_ M F

Parent(s) Name \_\_\_\_\_ Address \_\_\_\_\_

Street \_\_\_\_\_ City zip \_\_\_\_\_  
Best Phone ( ) \_\_\_\_\_ 2<sup>nd</sup> Best Phone ( ) \_\_\_\_\_

Continuing Student?  Yes EMAIL \_\_\_\_\_@\_\_\_\_\_.

Diagnosis (if any) \_\_\_\_\_

We are GREEN and use **EMAIL** for general information!! Your email here: \_\_\_\_\_@\_\_\_\_\_.

**Check the Program & Age group you wish to enroll your child into for the session. Please note that the schedule (class, time, and day) is subject to change depending upon enrollment.** Classes with fewer than 3 students are subject to cancellation for the Session. **Additional classes will be added based upon interest & size of class.** If you have questions regarding availability of any programs not listed or additional days and time call (925) 484-0074.

**NOTE: F = Fall Session S = Spring Session (Summer Schedule out in April '18)**

### Junior PALS

### Social Skills Training – Preschool & Kindergarten

Age Group	Day of Week	Sessions	Time	Program*
_____ 3 - 4	Tuesday	F, S	1:00 – 1:50	Preschool- Me and My Emotions
_____ 4 - 6	Tuesday	F, S	2:00 – 2:50	JrPals
_____ 5 - 6	Tuesday	F, S	2:30 – 3:20	JrPals -Kindergarten/1 & 2 grade

### PALS

### Social Prob-Slvg, Self-Esteem, Incr Flex U, Zones of Regulation Program (based on recommendation at intake)

Age Group	Day of Week	Sessions	Time	Program
_____ 6 - 8	Tuesday	F, S	3:30 – 4:20	PALS1 –GST
_____ 6 – 8	Tuesday	F, S	4:00 – 4:50	PALS1, 2, or 3
_____ 7 - 9	Wednesday	F, S	4:30 – 5:20	PALS1, 2, or 3 -GST
_____ 7 - 9	Wednesday	F, S	4:15 – 5:05	PALS1, 2, or 3
_____ 10 -13	Thursday	F, S	5:00 – 5:50	Social Thinking

### Girls' Club/Boys Club/Pre-Teen

### Self-Enhancement/ Positive Interaction Groups

Age	Day of Week	Sessions	Time	Program
_____ 9 – 11	Monday	F, S	4:30 – 5:20	Spotlight Series- Elementary
_____ 12 – 14	Thursday	F, S	5:00 – 5:50	Spotlight on -Social Skills
_____ 15 – 18	Thursday	F, S	6:00 – 6:50	Spotlight on - Communication
_____ 12 +	Monday	F, S	6:30 – 7:20	Boys/Girls Club

### Have No Fear - Anxiety Group / Emotional Regulation (for Parents and for Children)

Age Group	Day of Week	Sessions	Time	Program
_____ 7 - 8	Thursday	F, S	4:00 – 4:50	Mindfulness Based CBT
_____ 9 - 11	Wednesday	F, S	5:15 – 6:05	Mindfulness Based CBT
_____ 12+	Thursday	F, S	6:00 – 6:50	Mindfulness Based CBT
_____ 8 - 10	Wednesday	F, S	6:15 – 7:05	Exec Function/Superflex
_____ 8 – 10	Tuesday	F, S	6:40 – 7:30	Zones

### Friendship Club

Age Group	Day of Week	Sessions	Time	Program*
_____ 5 - 7	Friday	F, S	3:30 – 4:20	Friendship Club- Readiness/Language
_____ 9+	Tuesday	F, S	4:30 – 5:20	Friendship Club- Communication -GST
_____ 9 - 12	Tuesday	F, S	5:00 – 5:50	Friendship Club- Interactive Language
_____ 12 - 16	Wednesday	F, S	5:30 – 6:20	Friendship Club- Interactive Language -GST

\*If your child was referred by Kaiser, you must attend a GST designated groups. If your child was not referred by Kaiser, you can attend a GST designated group.

## GENERAL INFORMATION

There are **no refunds or credits** for missed classes. If a group therapist cancels a group due to illness, the group will be rescheduled at a time that is convenient for all parties. If a group therapist determines a program to be inappropriate for a child, parents will be notified and a refund will be given for remaining classes OR options to participate in a more appropriate program will be discussed with parents. **Initial here that you understand missed classes policy \_\_\_\_\_**

## DATES OF GROUPS

Fall Groups begin the week of **August 26, 2018**

## TUITION\* Fall & Spring Sessions

<b>New Student</b>	<b>\$71/ week or \$923 (13-sessions)</b>
<b>Continuing Student</b>	<b>\$63/ week or \$819 (13-sessions)</b>
<b>New Student Initial Consult Fee</b>	<b>\$100</b>
Speech therapy:	\$120 per session

\*Upon request, tuition can be divided into as many as four equal payments with all checks or credit card information submitted at time of enrollment. The first check must be dated on the first date of class and the final check post-dated no later than week #10.

## LOCATION OF PROGRAMS

Centerpointe Building at **18 Crow Canyon Court, Suite 225, San Ramon, CA 94583**

## REGISTRATION PROCEDURES

Upon receipt of your registration form and full tuition via credit card or check (post-dated checks accepted), your child's name will be added to the class list. Once a minimum of 3 children has signed up for an individual program, a confirmation email will be sent to you about 10 days before group sessions begin. If your child is NEW to our program, you must contact Ms. Aly via email [aly.healthyminds@gmail.com](mailto:aly.healthyminds@gmail.com) or phone 925 484 0074 to arrange for a consultation with Dr. J.

Refunds are available if cancellation is received 10 days prior to beginning of Session minus a **\$35 Service Fee**. Failure to cancel will result in a \$50 service fee and a **\$35 Service Fee** is for returned checks. Tuition must be received *prior to or on* the first day of the Fall or Winter Session. Children will not be able to participate in the program until fees have been received or fee arrangements have been made with Dr. Johnstone.

**Mail Registration & Full Tuition to:**

**Dr. Theresa Johnstone c/o  
Healthy Minds Healthy Body Institute  
18 Crow Canyon Court, Suite 225  
San Ramon, CA 94583**

(Credit Card Information)

Name as appears on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CWV #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please call **Dr. Theresa Johnstone or Ms. Aly @ 925-484-0074** with questions.