

Date: _____

Healthy Minds Healthy Body Institute

Registration Form 2019 - Spring

Child's Name _____ BD _____ Present Age _____ Grade _____ M F

Parent(s) Name _____ Address _____

Street _____ City zip _____
Best Phone () _____ 2nd 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: Summer Schedule out in April '19

Junior PALS

Social Skills Training – Preschool & Kindergarten

Age Group	Day of Week	Time	Program*
_____ 3 - 4	Tuesday	1:15 – 2:05	Preschool- Me and My Emotions
_____ 4 - 6	Tuesday	2:15 – 3:05	Jpals – Life Skills
_____ 5 - 6	Tuesday	4:00 – 4:50	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	Time	Program
_____ 6 - 8	Tuesday	3:30 – 4:20	Incredible Flexible You –GST*
_____ 6 - 8	Tuesday	4:00 – 4:50	PALS1, 2, or 3
_____ 9 - 11	Tuesday	4:30 – 5:20	Friendship Club- Communication –GST *
_____ 7 - 9	Wednesday	4:30 – 5:20	PALS1, 2, or 3 –GST*
_____ 7 - 9	Wednesday	5:15 – 6:05	Zones
_____ 8 - 10	Wednesday	6:15 – 7:05	Superflex
_____ 10 -13	Thursday	5:00 – 5:50	Social Thinking

Girls' Club/Boys Club/Pre-Teen

Self-Enhancement/ Positive Interaction Groups

Age	Day of Week	Time	Program
_____ 9 – 11	Monday	4:30 – 5:20	Spotlight Series- Elementary
_____ 12 – 14	Thursday	4:00 – 5:50	Spotlight on -Social Skills *Talk to DrJ re:tuition
_____ 15 – 18	Thursday	6:00 – 6:50	Spotlight on – Communication
_____ 12 +	Tuesday	5:00 – 5:50	Boys/Girls Club

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

Age Group	Day of Week	Time	Program
_____ 7 - 8	Thursday	4:00 – 4:50	
_____ 9 - 11	Thursday	5:00 – 5:50	
_____ 12+	Thursday	6:00 – 6:50	

Friendship Club

Age Group	Day of Week	Time	Program*
_____ 5 - 7	Wednesday	3:30 – 4:20	Friendship Club- Readiness/Language
_____ 6+	Tuesday	4:00 – 4:50	Friendship Club- Communication –GST *
_____ 9 - 12	Tuesday	6:00 – 6:50	Friendship Club- Interactive Language
_____ 12 - 16	Wednesday	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 are on our website

Spring Groups are January – June
Beginning week of **January 14, 2019**

TUITION* Spring Sessions

New Student	\$71/ week or \$1136* (16-sessions)
Continuing Student	\$61/ week or \$976* (16-sessions)
New Student Initial Consult Fee	\$100
Q &A with Dr. J	Offered once per month for \$40- sign ups in office
Speech therapy:	\$120 per session

* The above rates are for payment by CHECK.

Credit card rates: New Student \$1181.00; Continuing Student \$1015.00.

Upon request, tuition can be divided into as many as four equal payments with all checks submitted at time of enrollment. First check must be dated on the first date of class; final check post-dated no later than May 1st. Credit card payment can also be divided into up to four equal payments with card on file.

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. Taryn via email Taryn.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: _____ CVV #: _____ Zip Code: _____

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

12/08/15 rvsd; 06/25/16 rvsd; 12/2/2016 rvsd; 07/03/2017 rvsd; 11/23/2018 rvsd