

GROUP PROCEDURES

To be a member of this group, I agree to the following:

1. I will attempt to attend all sessions of this group. I understand that I must attend at least 3 out of 6 of these sessions to get completion, though there is no refund.
2. If I need to miss a session for some reason, I understand that I must call 940-395-0073 or email angelacounselor@gmail.com to cancel 24 hours in advance and will be charged for the session, though this will allow Mrs. Powell and Mrs. Kuntz to plan for activities and other participants accordingly.
3. I will arrive at group on time each week and stay until the end knowing that other group members rely on my consistency and support and will benefit from my presence.
4. I understand that all information shared within this group is confidential. I will respect the other group members by not sharing this information with anyone outside of this group and not talking about any member of the group, anytime outside of the group.
5. I agree to participate in this group by being honest, sharing my thoughts and offering ideas to help myself and other members in the group.
6. I will participate in the development of my treatment goals and will keep these goals in mind and try to meet these goals within the group sessions.
7. I will help to create the rules and weekly topics with the other group members so that as a group more we will more effectively meet our goals.
8. I will respect the thoughts and feelings shared by each member of the group and will be non-judgmental.
9. I will respect the property where the group meets.

I understand and agree to the above procedures.

_____	_____	_____
Child Name (printed)	Child Signature	Date
_____	_____	_____
Parent/ Guardian Name (printed)	Parent / Guardian Signature	Date
_____	_____	
Amber Kuntz, LPCS or Associate Signature	Date	

I understand that each group session will cost \$55.00 which includes services, activities, space, and incentives. This amount is due before the services will be rendered.

X_____ Payee Signature

You may pay for all 6 sessions at the beginning for a discounted rate of \$310.00 or pay per meeting at group rate of \$55.00.

Thanks for being a great parent and providing your child with this opportunity to grow socially.