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📍 South Florida & New York Tri-State Area  
📶 Telepsychology Across PSYPACT States

**Registration Form**  
***In bloom...growth in progress – Girls Spring Group\****  
**PPA South Miami**

Name of Group Attendee (Child): \_\_\_\_\_

Parent(s)/Caregiver Name: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Best Contact #'s: \_\_\_\_\_

\*Please make sure to fill out the history form on your child.

**Policies and Fees (initial):**

\_\_\_\_\_ Our office policy for groups is that a commitment to attendance is recommended for maximum benefit. Please note, there are no refunds/credits for groups missed and payment for the entire series is required to attend. Please note that our office does not file with insurance companies for group programs, however, when requested, we can provide you with a receipt that you can submit to your insurance company.

\_\_\_\_\_ **Fee- \$1000 (Jan 27-March 17, 2025- 90 minutes 6:15-7:45- 7 groups).** Our rates are for the entire group series and we do not offer a per-day rate. As such, cancellations will not incur a credit for the day missed. There is an option for a missed group to have one individual make up meeting with one of the facilitators to review the concepts addressed. Payment is required one week prior to the start of the program.

**Please check payment type:**  Credit Card (*list card information below*)  
 Check/Cash (must be received one week prior to the start of the program)

**Name on Credit Card**

***Initial*** - I authorize *Pediatric Psychology Associates* to charge my credit card as follows:

\_\_\_\_\_ \$1000 - card will be charged one week prior to the start of the program.

**Type of Card**  Visa  MasterCard  AMEX

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp (Month/Year)** \_\_\_\_\_ **CVV** \_\_\_\_\_  
(3 or 4-digit **Billing**)

**Address for Credit Card** \_\_\_\_\_  
Street City State Zip

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_