**Spectrum Therapeutic Theatre**

Participant Profile

Name of Parent (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail : please print clearly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ city\_\_\_\_\_\_\_\_\_ zip \_\_\_\_\_\_\_\_\_\_\_

Name of Child Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_

Would you like a sibling to participate as a shadow? \_\_\_\_yes \_\_\_\_no If yes, please list name and age. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child’s interest, experience or abilities that you know of in arts, theatre, music, writing or other areas? (Experience is not necessary, but if there are areas of interest or experience this will help me to better assist your child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special needs does your child have (include any fears or anxieties as well as conditions)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send no payment now. Once Registration is received, you will be contacted to schedule an initial consultation to answer your questions, get to know your child and determine if this is will be a good experience for your child. This is not a behavior management program, and enrollees are expected to be able to understand and follow basic directions and function moderately independently in a group learning environment.

Tuition Rate for 2012 is $275.00 for the 10 week program.

Send no Payment at this time. You will receive Registration and Payment forms after your initial free Consultation & Orientation.

*We can provide you with a superbill to bill your insurance for partial payment, as this is considered group psychotherapy. and we are happy to assist you in determining benefits. Flexible Spending Accounts can be utilized as well.*

**Return Completed Registration Form To:Caroline Paltin, Ph.D.173 B North Glassell, Orange CA 92866** (949) 203-1595 carolinepaltinphd@yahoo.com