The Bethesda Group
7990 Old Georgetown Road, 10B
Bethesda, MD 20814
www.thebethesdagroup.com
p: 301.718.4544 / f: 301.718.4545 / info@thebethesdagroup.com

Today's Date: _____

2019 DBT Skills Summer Boot Camp

**Please send completed application to info@thebethesdagroup.com, fax 301-718-4545, or mail to The Bethesda Group, 7990 Old Georgetown Road, Suite 10B, Bethesda, MD 20814*

Session Preference [Please select session(s)]

☐ **Session I: 9 am to noon:** *June 5th, 6th, 7th, 12th, 13th, 14th*	☐ **Session II: 9 am to noon:** *July 10th, 11th, 12th, 17th, 18th, 19th*

Client & Contact Information

Client Name_____DOB_____/_____/_____ Gender_____
School_____Grade in Fall 2019_____

Home Address_____
Phone (_____)_____- _____

Marital Status of Parent(s)/Guardian(s): Single / Married / Domestic Partners / Separated / Divorced

Parent/Legal Guardian1:_____
Contact Info: Cell (_____)_____-_____Work (_____)_____- _____

Parent/Legal Guardian 2:_____
Contact Info: Cell (_____)_____-_____Work (_____)_____- _____

Emergency Contact:_____
Contact Info: Cell (_____)_____-_____Work (_____)_____- _____

Payment Information

Cost: Intake $300, DBT Boot Camp $1980 ($495 non-refundable deposit to reserve space; $1,485 on May 24th)for June session or $1,485 on June 20th for July session .

Payment Method: ☐ Cash ☐ Check#_____ ☐ Visa/MC/Discover/AMEX (Enter credit card infobelow.)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ VISA/MC/AMEX/Discover Account #

☐☐ / ☐☐ Expiration Date

☐☐☐☐ Security Code

_____

Name as it appears on Credit Card Cardholder'sSignature Date

Address of cardholder: _____

Email for credit card receipt and/or statement: _____

*All credit card fields required. With my signature, I authorize The Bethesda Group Psychological Services, LLC to charge my credit card as noted above. I realize it is my responsibility to inform TBG of any changes to my credit card information.I understand that all payments are final and non-refundable.

Client Name: _____

Please tell us about what you hope to get out of participating in this program. For parents, what would you like your teenager or young adult to get out of this program?

How did you hear about our program?

* Upon completion of the program, you will receive a statement in the mail that details charges and payments that will allow you to submit to your insurance carrier for potential reimbursement.

Participant Signature **Date**

Parent/Guardian Signature **Date**