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Raleigh Office: 9207 Baileywick Road, Suite 203, Raleigh, NC 27615

Greensboro Office: 2709-B Pinedale Rd, Greensboro, NC 27408

Wynns Family Psychology Group Registration Form

Contact & General Information (*Required Information)

Client's Name		Client's Age	
Client's Date of Birth		Gender	
Client's School		Grade	
Parent's Name(s)			
Email Address		Home Phone	
Cell Phone		Work Phone	
Client's Mailing Address			
City	State	Zip	
Is your group member a new/current client of Wynns Family Psychology? <input type="checkbox"/> New <input type="checkbox"/> Current			
Which group location			
Which group will they be joining?			
<input type="checkbox"/> Social Sprouts		<input type="checkbox"/> BEST Buddies (Elementary)	
<input type="checkbox"/> CONNECTween (Middle School)		<input type="checkbox"/> CONNECTeen (High School)	
<input type="checkbox"/> Other: (Please include name of group)			
Date(s) of Your Group		Date of Consultation (Required)	

Tell Us About Your Group member

What is the reason for joining our group?	
Have they had any prior therapy or testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please describe.	
Do they have an IEP in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they require 1:1 or special assistance in class to manage their behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have they been suspended or expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please explain*.	

What are your goals for the group?	
1.	
2.	
3.	



In which skill areas do they need help?		
<input type="checkbox"/> Making friends	<input type="checkbox"/> Joining a group of others playing	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Keeping friends	<input type="checkbox"/> Anger/frustration control	<input type="checkbox"/> Reading social cues
<input type="checkbox"/> Personal space	<input type="checkbox"/> Expressing emotions	<input type="checkbox"/> Initiating conversations
<input type="checkbox"/> Shyness	<input type="checkbox"/> Communication/respect with adults	<input type="checkbox"/> Sportsmanship
Do they have any food allergies or medical conditions we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," please list.		
Other comments or concerns about them:		
How did you learn about our groups?		
Would you like to sign up for our free WFP Newsletter which contains useful information on upcoming WFP events, parenting tips, videos, advice from Dr. Wynns and more? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please read the Agreement on the next page and sign where indicated.

Agreement

Thank you for sharing your child or teen with us! We're excited to get to know your family. Please read through the important information and sign/date below.

All participants are required to complete a Parent-Group member consult. The standard 45-minute parent-Group member consult allows us to obtain detailed background information and goals for your Group member. A 60-minute parent-Group member consult is also available and encouraged if you are considering other services, or want to ensure you have ample time to discuss your concerns/ goals. As you will have the opportunity to meet with one of our providers and receive recommendations, **this fee is non-refundable, even in the event a group is cancelled.**

Due to a limited number of openings, **a deposit is required to reserve your Group member's spot in a group. Please note that this fee and other advanced payments (such as paying for the group in full at the time of registration) are non-refundable.** There are no exceptions unless we cancel a group due a low number of participants. In such a circumstance, the deposit will be refunded, or you can apply as a credit to other services at WFP. If you paid in full for group, the entire group fee (not including the consult) will be refunded, or you can apply as a credit to other services at WFP. Please note, that WFP does not provide a refund to Group members who miss group due to illness or other scheduling conflicts.

Also note there are no "guarantees" as to a certain number of participants, ages of participants, or gender composition. We find a Group member can be successful in our groups, even if the participants have different disorders or difficulties, are older/younger, or higher/lower functioning. One aspect that makes our groups successful is that Group members with strengths in a particular area can model their skills and provide a positive example for Group members who might be struggling with similar skills. (And it's always a thrill for us when group participants become friends and socialize outside of the group.) That said, we do screen participants to make sure they are a proper fit for a group.

Warning: If your Group member is socially awkward or anxious, they may insist on NOT coming (or coming back) to the group. Our groups encourage your Group member to confront their social fears, which can be anxiety- provoking. Please commit to bringing your Group member to all sessions so that they can get the most out of them and maximize success. A critical component in conquering fears is to face them "head on."

Please encourage your Group member to do their "homework." This helps generalize the skills outside of the group even more quickly.

Please plan to be on time to pick up your Group member from group. In the event of a late pick-up, you are subject to late fees (prorated rate of the group leader's hourly rate).

Your signature below confirms that you have read through this entire document, understand the information, and agree to it. It also confirms that you have received, understand, and agree to the separate COVID-19 procedures group information packet.

Parent's Signature _____ Date _____

Completed forms can be emailed to support@WynnsFamilyPsychology.com