



Participant Information

Name: _____ Date of Birth: _____ Phone number: _____

Address: _____ Email: _____

Check group(s) you are registering for:

Groups: <i>Children, Teens, Emerging Adult</i>	Group Leader	Cost & session Info
<input type="checkbox"/> Adolescent DBT (12 – 18 years old): 8 sessions Introduction to skills	Ashley, LAMFT Ana, Intern Online TBD	\$350 (\$60 single session rate) 60 minutes per week/8weeks Wednesdays 5:00pm – 6:00pm
<input type="checkbox"/> Early Adult DBT (18-25 years old): 8 sessions Introduction and review of skills	Emily, LAMFT-T, LAC-T Online TBD	\$350 (\$60 single session rate) 60 minutes per week/8 weeks Thursdays 5:30pm – 6:30pm

Groups: <i>Adults</i>	Group Leader	Cost & session Info
<input type="checkbox"/> Adult Level 1: Beginner 8 sessions Introduction to Interpersonal Effectiveness	Bradley, LAMFT Ana, intern Online Starting May 28th, 2025	\$350 (\$60 single session rate) 90 minutes per week Wednesdays 5:30 – 7:00pm
<input type="checkbox"/> Adult Level 2: Advanced 6 sessions Review of skills	Ashley, LAMFT Emily, LAMFT-T, LAC-T Online Starting May 13th, 2025	\$325 (\$60 single session rate) 90 minutes bi-weekly Tuesdays 6:00 – 7:30pm
<input type="checkbox"/> Family Recalibration 5 sessions	Ashley, LAMFT Ana, intern Online TBD	\$275 (\$60 single session rate) 60 minutes per week Thursdays 1:00-2:00pm

Signature: _____

If you do not already have a credit card on file, please complete this form with your registration.



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____ VVS Code: _____	
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Email associated with owner of this card: _____