

# Small Group Registration Form

*Please complete information below*

Welcome to Start Fresh Counseling Center, Inc. Small Groups. We want to make the most of your commitment to your Enrichment Process. One way of doing this is for you to complete some basic information in advance of your first group. All groups are held within six to eight sessions excluding Holidays or emergencies changes. Please fill out the following as completely and legibly as possible. This information is confidential and will be handle Properly according to HIPAA which stands for the Health Insurance Portability and Accountability Act.

## 1. Instructor Information

Instructing Class  Prof  Dr  other: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class Description \_\_\_\_\_

## 2. Customer Information

Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

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

**Below to be complete by Administration Only**

Dates	Start Fresh	Check/Number Amount	Credit/Card	Cash Amount	Scholarship	Balance Due

Groups' \_\_\_\_\_

Groups Attended/ Absences \_\_\_\_\_/ \_\_\_\_\_

Administer Signature \_\_\_\_\_